

City of St Albert

PRIVATE SEWAGE SYSTEM PERMIT APPLICATION FORM

Please submit complete application with attachments to BIS@stalbert.ca

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

Application Date (mmm/dd/yyyy): _____ Other Permits Required: Building Electrical Gas Plumbing Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ Estimated Project Completion Date (mmm/dd/yyyy): _____

Permit Applicant: Owner Contractor Value of Work (labour and materials): \$ _____

Owner Name (please print): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Contracting Company Name (please print): _____ Contact Name (please print): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Project Location (Municipality): _____ Subdivision/Hamlet Name: _____ Tax Roll No.: _____

Street/Rural Address: _____ Unit: _____ Postal Code: _____

Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/documents):

Work has not started Work is in progress Work is complete
 Submit with Application: Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice

NOTE: WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF WORK	INITIAL COMPONENT	SOIL BASED TREATMENT SUMMARY
Please only select applicable item(s)	Please only select applicable item(s)	Please only select applicable item(s)
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System <input type="checkbox"/> Residential/No. of Bedrooms: _____ <input type="checkbox"/> Commercial/No. of Seats/Employees: _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Work Camps/No. of Beds: _____ Variance No.: _____ Variance Exp. Date: _____ Expected Peak Volume: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters ³ /day <small>(not to exceed 25 m³/day)</small>	<input type="checkbox"/> Holding Tank Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Septic Tank Working Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	<input type="checkbox"/> Treatment Field <input type="checkbox"/> LFH At-Grade <input type="checkbox"/> Chamber System Treatment Field <input type="checkbox"/> Open Discharge <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Lagoon <input type="checkbox"/> Sub-surface Drip Dispersal <input type="checkbox"/> Privy Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to Limiting Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Soil Texture: _____ Structure: _____ Grade: _____ Soil Effluent Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Linear Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Soil Infiltration Area Required: _____ <input type="checkbox"/> meters ² <input type="checkbox"/> feet ²

Certified Installer's Name (please print) _____ Certification No. _____ Certified Installer's Signature _____

X
 Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling. I take full responsibility for the installation of the on-site wastewater treatment system.

OFFICE USE ONLY

Permit Fee: \$ _____ Travel Fee: \$ _____ SCO/Permit Issuers Name (please print): _____

SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) SCO/Permit Issuers Signature: _____

Total Cost: \$ _____ Designation No.: _____

Cash Cheque Debit Receipt No.: _____ Permit Issue Date: _____
 Credit Card (attach signed credit card authorization form) Invoiced (mmm/dd/yyyy)

City and Address: _____ Postal Code: _____ Phone: _____ Toll Free Phone: _____ Fax: _____ Toll Free Fax: _____

Collection and use of Personal information is collected under the authority of s. 4(c) of the Protection of Privacy Act. This information will be used for the purpose of processing permit applications. If you have any questions about the collection, use, or disclosure of this information, contact the Director of Planning and Development, St. Albert at 780-459-1642.