

Property address \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal description Lot \_\_\_\_\_ or Condo unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

(if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian 4When your permit is ready do you want us to:  call you for pick up  mail it  fax it  email it

Applicant name(s) \_\_\_\_\_ Contact name \_\_\_\_\_

Applicant address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

Landowner name \_\_\_\_\_ Phone \_\_\_\_\_  
(If different than applicant)Building type  residential  commercial  industrial  institutional  other

Description of work \_\_\_\_\_

**Installation information (mandatory) check all appropriate boxes**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> septic tank size _____gallons    | <input type="checkbox"/> treatment plant              | <input type="checkbox"/> open discharge | <input type="checkbox"/> subsurface field |
| <input type="checkbox"/> fabric filter                    | <input type="checkbox"/> holding tank                 | <input type="checkbox"/> mound          | <input type="checkbox"/> sand filter      |
| <input type="checkbox"/> low pressure main & holding tank | <input type="checkbox"/> water connection for cistern |   | <input type="checkbox"/> at grade         |

**Design specifications**

Number of bedrooms \_\_\_\_\_ Expected daily flow \_\_\_\_\_ Total linear dimension of weeping laterals \_\_\_\_\_ feet

Soil Analysis &amp; Loading Rate \_\_\_\_\_

Distribution method  pressurized  gravity flow Pipe diameter \_\_\_\_\_ inches**Contractor declaration** (if contractor is applying)

I hereby certify that this installation will be completed in accordance with the Act and Regulations.

**Homeowner declaration** (if homeowner is applying)

I hereby declare that I am the owner of the premises in which the work will be conducted and I reside on the property. I assume responsibility for compliance with the applicable Act and Regulations.

Contractor \_\_\_\_\_ Private Sewage Id \_\_\_\_\_

Owner's signature \_\_\_\_\_

**Collection and use of personal information**Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County's planning and permitting processes. Information related to your permit application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of your personal information, contact the Building Regulation Services Coordinator, Planning and Development Services, Strathcona County at 780-464-8080.**For office use only**

PSD _____	Date received _____	Roll number _____
Water _____	Received by _____	Application number _____
SCC _____		Entered by _____
Total _____		Date entered _____
		Receipt number _____

# Private Sewage Disposal (PSD) Permit - Application

## Private Sewage Design Information required

If applicable, is a Municipal Storm Sewer tie in required?     Yes     No

Is the application for a **Low Pressure Main** tie in?     Yes     No

**Initial Treatment:**     Holding Tank, size in gallons: \_\_\_\_\_  
                                    Septic Tank, size in gallons: \_\_\_\_\_  
                                    Advanced Treatment \_\_\_\_\_

At-grade                   Mound                   Open Discharge                   Subsurface field                   Sand filter

Tank Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

CSA Approved                                   NSF Approved                                   Working Capacity \_\_\_\_\_ imp. gal.

Dosing Chamber     Second chamber of tank                   Separate Tank                   Dosing Capacity \_\_\_\_\_ imp. gal.

Dosing by     Siphon action                                   Pump                                  Number of dosing's per day \_\_\_\_\_

First Pump Manufacturer		Model
Serial #	HP	Amperage
Voltage	Pump Capacity	US gal per minute at _____ ft. head
Second Pump Manufacturer		Model
Serial #	HP	Amperage
Voltage	Pump Capacity	US gal per minute at _____ ft. head

Effluent filter                  Type \_\_\_\_\_

High level alarm                  Type \_\_\_\_\_

High level alarm location     Exterior of house     Interior of house

Burial depth of septic tank     Over 4 feet of cover     Under 4 feet, cover insulation is required

Benchmark                  GPS coordinates are required \_\_\_\_\_

Test pit #1                  GPS coordinates are required \_\_\_\_\_

Test pit #2                  GPS coordinates are required \_\_\_\_\_

# Private Sewage Disposal (PSD) Permit - Application

## Conditions

- 1 Act**  
The issuance of a Permit shall not prevent a Safety Codes Officer from issuing a correction notice if a private sewage disposal system or part thereof is found not to be in accordance with the Safety Codes Act or the regulations and bylaws.
- 2 Deviation**  
No deviation from the plans, specifications or information contained on the application for this Permit shall be permitted without prior written authorization from the Safety Codes Officer.
- 3 Location of utilities**  
Before excavation is started, check for the location of utilities.
- 4 Authorized Persons**  
The work authorized by this Permit may be performed only by a person having qualifications of a certified installer, or a journeyman plumber.
- 5 Expiry**  
This Permit expires one year from the date of issue.
- 6 Inspection**  
The person authorized to perform a plumbing installation by this Permit shall notify the Safety Codes Officer prior to backfill or cover-up of any plumbing and arrange for an inspection by calling 780-464-8169.
- 7 Admission**  
The Safety Codes Officer shall not be refused admission during any reasonable hours of the day for the purposes of a plumbing inspection.
- 8 Important notice**  
If any part of the plumbing system is covered prior to inspection and approval the Safety Codes Officer may request that all work be uncovered.
- 9 Re-inspection**  
Any required re-inspection shall be subject to a re-inspection fee, as per the current fee schedule. This fee is required to be paid before to the re-inspection takes place.
- 10 Offence**  
Any person who commits a breach of any of the provisions of the Safety Code Act, or regulations made pursuant thereto, or of the conditions of a Permit, is guilty of an offence under the Act.
- 11 Approval**  
Neither the examination of plans and specifications nor the issuance of a permit shall be construed to be an approval of any installation made or done in contravention of any provision(s) of a bylaw, an agreement or the Safety Codes Act or regulations. Satisfactory inspections are required for final approval.

**Payment information** - The information below is collected and will only be used to make the authorized credit card payment for this approved one time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

✂-----

<input type="checkbox"/> Receipt Required		Total Payment Submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)		Cardholder Name
Card Number	Expiry Date	Signature