



1600-2 Street NW
 Three Hills, AB T0M 2A0
 Phone: 403-443-5541
 Fax: 403-443-5115

Private Sewage Permit Application

Permit Number

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Installation Date (M/D/Y): _____

Owner Name: _____
 Mailing Address: _____
 City: _____ Prov: _____
 Postal Code: _____ Phone: _____
 Alt Phone: _____ Fax: _____
 Email Address: _____

Contractor Name: _____
 Mailing Address: _____
 City: _____ Prov: _____
 Postal Code: _____ Phone: _____
 Alt Phone: _____ Fax: _____
 Email Address: _____

Project Location: Lot: _____ Block: _____ Plan: _____ Street Address: _____
 Subdivision or Hamlet _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____
 Directions: _____

System Design Criteria (complete all applicable items): **Soil Log Report from two (2) test pits with Soil Analysis Report** (attach copy)
Expected Volume of Effluent: _____ cubic meters per day gallons per day liters per day **Number of bedrooms** _____
Project Type: Commercial (Conventional) Industrial (Conventional) Residential (Conventional) **Depth to Water Table** _____
 Commercial (Advanced) Industrial (Advanced) Residential (Advanced) **Work Camp # of Men** _____

SITE EVALUATION DIAGRAM: Attach a **detailed** site diagram including the system location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information **(AS PER PART 7 OF THE PRIVATE SEWAGE STANDARD OF PRACTICE 2009)**.

Project Information: New Installation Alteration **Description of Work:** _____
Components Used: Septic Tank; Working Capacity Size _____ Lagoon Packaged Sewage Treatment Plant
 Holding Tank; Size _____ Open (surface) discharge At Grade (variance required)
 Disposal Field; Size _____ Treatment Mound; Size _____ Sand Filter

PERMIT APPLICANT DECLARATION: The personal information provided as part of this application is collected under the SCA and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information collected is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Kneehill County FOIP Coordinator.

Installer's Name (please print) _____ Installer's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Private Sewage Installer's Certification Number: **PS** _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

FOR OFFICE USE ONLY

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
Payment Method: Debit Cash Cheque VISA MC Cheque Number: _____ Auth. Number: _____
 * SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Permit Validation Section to be completed by the Plumbing Safety Codes Officer:

Permit Conditions: This Permit is not transferable. This Permit expires if the undertaking to which it applies; is not commenced within 90 days from the date of issue of the permit, is suspended or abandoned for a period of 120 days, or is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started. If the term of this permit has not expired, a permit issuer may, in writing, and on the request of the permit holder, extend the permit for an additional fixed period of time that the permit issuer considers appropriate. Please call the agency below to arrange for site inspections.

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 403.717.2344 or 1-888.717.2344
Allow 48 hours notice for inspection



Permit Number: _____

Name: _____

Date: _____

Private Sewage System Site Evaluation Diagram

Legal Description: _____

↑N													<p>Show the proposed location of the onsite sewage system and indicate the distances from the following:</p> <ul style="list-style-type: none"> • trees • floodplains • wells • waste sources • bedrock • outcrops • buildings • property lines • easement lines • ditches or interceptors • banks or steep slopes • fills • driveways • existing sewage systems • underground utilities • soil test pits
drainage course 	slope direction 				Test Pit 1 <input type="checkbox"/>				Test Pit 2 <input type="checkbox"/>				

Note: Additional information is required to be submitted separately for the system design detail.



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Permit Number: _____

Name: _____

Date: _____

Alberta Private Sewage Treatment System Soil Profile Log Form

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:						Overall Site Slope %					
						Slope position of test pit					

Test Hole No.	Soil Subgroup			Parent Material		Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)	
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment

Depth to Groundwater:	Limiting Soil Layer Characteristic, describe:
Depth to Seasonally Saturated Soil:	Depth to Limiting Soil Layer:
Limiting Topography:	Depth to Highly Permeable Layer:

Key Limiting Features on System Design:

Weather Condition Notes:

Comments (such as root depth and abundance or other pertinent observations):



Permit Number: _____

Name: _____

Date: _____

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Depth to Seasonally Saturated Soil:	Depth to Limiting Soil Layer:
Limiting Topography:	Depth to Highly Permeable Layer:
Key Limiting Features on System Design:	
Weather Condition Notes:	
Comments (such as root depth and abundance or other pertinent observations):	