

Planning and Development Services, 2001 Sherwood Drive, Sherwood Park, Alberta T8A 3W7

Phone 780-464-8080 Fax 780-464-8142  
email planninganddevelopment@strathcona.ca

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:  contact you for pick up  mail it  email permit  fax permit

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

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

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

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

email address \_\_\_\_\_

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

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

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

- 
- septic tank size \_\_\_\_\_ gallons
- 
- treatment plant
- 
- open discharge
- 
- subsurface field
- 
- 
- holding tank\*
- 
- mound
- 
- sand filter
- 
- at grade

\*Per ABSOP 2.1.2.1.3, holding tanks will only be considered where no soil-based alternatives are available

**Design specifications**

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

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's Signature\_\_\_\_\_  
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 \_\_\_\_\_

SCC \_\_\_\_\_ Received by \_\_\_\_\_ Application number \_\_\_\_\_

Total \_\_\_\_\_ Entered by \_\_\_\_\_

Receipt number \_\_\_\_\_ Date entered \_\_\_\_\_

# 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 **Septic Tank Replacement**?     Yes     No

**A plan view drawing (site plan) is required alongside an application for a Private Sewage Disposal System Permit.**

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

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

## Landowner Confirmation - This portion to be completed by the property owner

Complete this page based on the intended final state of the property upon completion of building and development. Include rooms and fixtures from principal dwelling and any secondary dwelling(s) or dwelling unit(s) and include any developed basement(s).

Number of bedrooms (includes basement if applicable) Existing \_\_\_\_\_ Proposed to be added \_\_\_\_\_ Total \_\_\_\_\_

Number of bathrooms 2-piece \_\_\_\_\_ 3-piece \_\_\_\_\_ 4-piece \_\_\_\_\_ 5-piece \_\_\_\_\_ 6 or more piece \_\_\_\_\_

Number of kitchen sinks \_\_\_\_\_ Number of laundry tubs (sinks) \_\_\_\_\_

Number of washing machines (laundry) \_\_\_\_\_ Number of specialty baths/showers \_\_\_\_\_  
(i.e. steam shower, jacuzzi, multiple head shower)

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| water well                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| water softener                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| reverse osmosis                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| garbage grinder or garburator              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| weeping tile drains into the sewage system | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| home based business                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes to the home based business, please describe: \_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, no other water devices will be added to the premise  Yes  No

**I hereby declare that I am the owner or one of the owners, or if the owner is a corporate entity, I am authorized on behalf of that entity, of the premise described above and on the attached Private Sewage Disposal (PSD) Permit Application and I certify that the information provided on this Private Sewage Disposal Landowner Confirmation of Information Form is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

**Further, I hereby confirm that I have read the attached Private Sewage Disposal (PSD) Permit Application for my property and I certify that all statements provided are true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

# 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.
- 12 **Landowner Confirmation of Information Form**  
A complete Landowner Confirmation of Information Form is required as part of an application for a Private Sewage Disposal System Permit.

**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.

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If the completed application is being **mailed or delivered**, please complete the following:

<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

If the completed application is being **emailed**, please do not complete the credit card information, instead our staff will contact you for payment. As a PCI compliant organization, **we cannot accept credit card information through email.**