



PRIVATE SEWAGE DISPOSAL SYSTEM INFORMATION & DOCUMENTATION REQUIREMENTS

The following table details the documents required when submitting a permit application for a Private Sewage Disposal System.

Applicant's Checklist (Included)	Office Use Plans Review (Required Items)	Office Use By or on Final Inspection (Required Items)	REQUIRED ITEMS
			HOLDING TANK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peak flow volume calculation for the development including any additional flow fixtures (tank size and bedroom count – current and proposed).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan – showing placement of system with setbacks noted for property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank certification information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High level alarm – manufacturer information.
			FULL SYSTEM INCLUDING SEPTIC TANK WITH DISCHARGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peak flow volume calculation for the development including any additional flow fixtures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site plan – showing placement of system with setbacks noted for property, buildings, water source and test pit location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil test – one (1) location required – site specific (soil log including GPS coordinates).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description of Primary Treatment System – from piping to tank details, treatment plant/filter, piping to and throughout final soil treatment component.
			FULL SYSTEM INCLUDING SEPTIC TANK WITH MOUND, FIELD OR AT-GRADE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peak flow volume calculation for the development including any additional flow fixtures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site plan – showing placement of system with setbacks noted for property, description of surface features including slope of land, buildings, water source and two (2) test pit locations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil test – Two (2) locations required – site specific (including GPS coordinates).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description of treatment system – from piping to tank details, treatment plant/filter, piping to and throughout final soil treatment component.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank certification information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump – (manufacturer and model to ensure flow capacity).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High level alarm (manufacturer & model).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter (type).

Home Owner / Applicant Signature

Date



Private Sewage Permit Application

Permit Label

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: _____ Email Address: _____ Fax: _____

Contractor: _____ **Mailing Address:** _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: COUNTY OF VERMILION RIVER Street Address: _____

Lot: _____ Block: _____ Plan: _____ Subdivision/Hamlet Name: _____

Legal Subdivision: _____ Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____

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

Project Type: Commercial (Conventional) Industrial (Conventional) Residential (Conventional) **Number of bedrooms** _____

Commercial (Advanced) Industrial (Advanced) Residential (Advanced) **Depth to Water Table** _____

Work Camp

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; Size _____ Lagoon Packaged Sewage Treatment Plant Sand Filter

Holding Tank; Size _____ Open (surface) discharge At Grade (variance required)

Disposal Field; Size _____ Treatment Mound; Size _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; A Safety Codes Agency is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information requested on this form is being collected for the purposes under Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected by the FOIP Act.

Installer's Name (please print) _____ Installer's Signature _____ Homeowner's Signature (Homeowner permits only)

Private Sewage Installer's Certification Number: **PS** _____ *(SEE HOMEOWNER'S DECLARATION FORM)*

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft.

Permit Fee: \$ _____ Payment Method: Credit Card Debit Cheque Cash

***SCC Levy:** \$ _____ Authorization / Cheque Number _____

TOTAL FEE: \$ _____ Credit Card #: _____ Expiry Date: _____

Receipt #: _____ Date of Authorization: _____

**SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560* Name of Cardholder: _____

Signature of Cardholder: _____

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

Special Conditions: _____

SCO's Name (print or type) _____ SCO's Signature _____

SCO's Designation Number _____ Date of Issue (M/D/Y): _____

HOMEOWNER'S DECLARATION FORM

The owner of anything, process or activity to which this (Safety Codes Act) Act applies shall ensure that it meets the requirements of this Act, that the thing is maintained as required by the regulations and that when the process or activity is undertaken it is done in a safe manner. 1991 cS-0.5 s5

"Homeowner" means a person as the owner of the fee simple estate of land, who resides or, with respect to a residence that is under construction, intends to reside in a freestanding single family dwelling, located on the land.

(A) You must **OWN** and **LIVE IN** or **WILL LIVE IN** the single family residence in which you wish to do the work for the following permits: building, electrical, plumbing or gas;

(B) You must have knowledge and be personally capable to perform the work/installation.

I am the registered Homeowner, whose name appears on the land title of the property indicated below and accept full responsibility for the work I propose to do that will be in compliance with the Safety Codes Act and Regulations. All information provided is true and correct.

Having read and understood the above conditions I declare that I know how, will **PERSONALLY** install and take full responsibility for the work I propose.

CIVIC ADDRESS: _____

LOT _____ BLOCK _____ PLAN _____

LEGAL SUBDIVISION: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Note: A permit is not a guarantee or assurance of the quality of the work, system, or project to be undertaken, nor does it guarantee the longevity of a material, product, or assembly. The undertaking needs to satisfy the requirements of the applicable Codes and Standards.

OFFICE USE ONLY

Permit # issued: _____

Date issued: _____ *Issued by:* _____

Private Sewage System Site Evaluation Diagram

Legal Description: _____

↑N														Show the location of the onsite sewage system and indicate the horizontal distances (i.e. line of sight /surveyed; not paced out) from the following: <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.

Property line GPS coordinates:

GPS coordinates of well:

GPS coordinates of tank:

GPS coordinates of soil treatment component corners:



Permit Number: _____

Name: _____

Date: _____

SITE EVALUATION REPORT

The information requested in this document must be submitted with the permit application as required by the Private Sewage Systems Standard of Practice 2009.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Permit Number (to be assigned by the Permit Issuer): _____

Owner's Name: _____

Installer's Name: _____

Legal Land Description: _____

A detailed diagram of the site where the sewage system will be installed **must** be included.

The following information is to be shown on the diagram and must be to scale:

- Property size (in acres)
- All boundary lines including the lengths in feet or meters
- Buildings, roads, driveways and other property improvements; existing or proposed
- Existing easements
- Wells, cisterns or proposed water source locations on the property
- Surface waters, rock outcrops and drainage features
- Topography of the proposed treatment site **
- Soil test pits locations with surface elevations **
- Location of a permanent benchmark and it's elevation **
- Outline of available treatment areas **

** Not required for the installation of a sewage holding tank.



Permit Number: _____

Name: _____

Date: _____

SOIL PROFILE REPORTING

The characteristics of each soil profile investigated shall be described using the Canadian System of Soil Classification nomenclature and include the following in the soil profile description:

- Soil Horizons** – the distance from the ground surface to the top and bottom of each soil horizon observed shall be measured and distinctness and topography of the horizon boundaries described.
- Soil Color** for each soil lies and identified, the matrix color and quantity, size, contrast, and color of any redoximorphic features present shall be described.
- Texture** for each horizon identified, the soil texture classification including any appropriate texture modifier shall be reflected in this evaluation report and a **soil sample of the most restricting layer** affecting the design shall be collected and **analyzed at a laboratory** using a recognized grain or particle size analysis method to determine the texture of the same.

NOTE: Other than Sandy Clay any texture that uses the word SAND in its description must include sand particle size.

- Soil Structure** and grade of structure identified for each horizon.
- A statement regarding the treatment capability and dispersal capacity of the available site(s).
- Where the soil profile includes features that will require the lateral movement of water through the soil away from the dispersal system, identified constraints on the system design and allowable effluent hydraulic loading rates, as it relates to linear loading rates.
- A summary of the significant limiting conditions of soil profile and site.
- A justification of the locations and number of the soil profiles investigated.
- A description of the development being served including:
 - Characteristics affecting the determination of peak and average wastewater flows to be used in the design,
 - The peak daily wastewater flow volume to be used for the system design, and
 - Anticipated effluent wastewater strength.



Permit Number: _____

Name: _____

Date: _____

soil profile report con't.

- Copies of laboratory soils analysis reports have been attached.
- Number of soil profiles investigated; a minimum of two (2) test pit excavations shall be investigated at the proposed location for the soil-based treatment component to classify and assess the treatment capacity of the soil.
- Minimum depth of soil investigation (choose appropriate depth as per YOUR design). The soil profiles shall be investigated to a minimum depth below ground surface of:
 - 4 feet for Treatment Mounds.
 - 9 feet for Treatment Fields receiving primary treated effluent (septic tank effluent).
 - 6.5 feet for Treatment Fields receiving secondary treated effluent (treatment plant, sand filter effluent)
 - 6 feet for Open Discharge systems.

NOTE: When the site evaluation report is complete the information from the report is to be used to produce your System Design Report. This includes any features that would require peak flow to be increased.



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: _____

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):