

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Permit Type: Owner Contractor

Other Permits Required (under separate application): Building Electrical Gas Plumbing

eSITE Permit Number: 193193- _____ Development Permit Number: _____

CONTACT INFORMATION

Owner's First and Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

Contractor's First and Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

PERMIT INFORMATION

Street/Rural Address: _____ Subdivision/Hamlet: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision, Part of: _____ 1/4 Sect: _____ Twp: _____ Rge: _____ (W of 5 Meridian)

Directions: _____

Project Value (materials and labour): \$ _____

TYPE OF WORK

CONVENTIONAL:

- Commercial
- Industrial
- Residential

PROJECT INFORMATION:

- New
- Alteration
- Work Camp # of Persons _____
- Number of Bedrooms _____
- Depth of Water Table

COMPONENTS USED:

- Septic Tank; Size _____
- Lagoon
- Packed Sewage Treatment Plant
- Holding Tank; Size _____
- Open (surface) discharge
- At Grade
- Disposal Field; Size _____
- Treatment Mound; Size _____
- Sand Filter

TYPE OF WORK

ADVANCED:

- Commercial
- Industrial
- Residential

EXPECTANT VOLUME OF EFFLUENT:

- gallons per day _____
- m3 per day _____
- liters per day _____

Soil Log Report from two (2) test Pits with Soil Analysis Report (attached)

DETAILED DESCRIPTION OF WORK:

INSPECTION REQUESTS:

*Please call a MINIMUM of 2 - 5 days before an Inspection is Required.

Please contact **Superior Safety Codes**, 14613-134 Avenue Edmonton Alberta T5L 4S9
780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

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; Superior Safety Codes Inc. 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.

This personal information is being collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process your request for a hearing and to assist in the administration of a development appeal hearing before the Subdivision and Development Appeal Board. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County, FOIP Coordinator at 1-866-880-5722, 56521, RGE RD 65, Lac Ste. Anne County, Box 219, Sangudo, AB T0E 2A0.

Journeyman's Name: _____ **Signature:** _____ **Certification #:** _____

HOMEOWNER DECLARATION:

By signing this Permit I hereby certify that I own or will own and occupy this dwelling.

Homeowners Name: _____ **Signature (homeowner permits only):** _____

PAYMENT INFORMATION

Approval: Mail Fax Email

Permit Fee: \$ _____ ***SCC Levy: \$** _____ **TOTAL Fee: \$** _____

*SCC Levy is 4% of the Permit fee with a minimum of \$4.50 and a maximum of \$560.

Site Information

The information requested in this document must be submitted with the permit application as required by the Private Sewage Standard of Practice 2015.

Incomplete applications or applications that are missing information will be returned the applicant.

CONTACT INFORMATION

Owner's First and Last Name: _____

Contractor's First and Last Name: _____

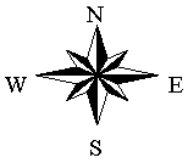
Legal Subdivision, Part of: _____ 1/4 Sect: _____ Twp: _____ Rge: _____ (W of 5 Meridian)

Documentation Required

- B66 Tank Certification
- High Level Alarm
- Effluent Filter
- GPS Coordinates
- Pump Specifications
- NSF 40 for Packed Sewage Treatment Plants
- Soil Analysis
- Soil Log Sheets
- Detailed Site Plan

Comments: _____

THE FOLLOWING **MUST BE** INCLUDED ON YOUR SKETCH:



- Property Size in Acres
- Buildings, roads, driveways and other improvements
- Surface waters, rock outcrops and drainage features
- Soil test pit locations with surface elevations**
- Outline of available treatment areas**
- All boundary lines including lengths in feet or meters
- Wells, cisterns or proposed water source locations
- Topography of the proposed treatment site**
- Location of a permanent benchmark and it's elevation**

** are not required for the installation of a sewage holding tank

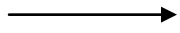
Draw your site sketch in the grid below – All setbacks from proposed buildings to property lines **MUST** be included.

Please include a legend.

Drainage Course



Slope Direction



Test Pit 1

Test Pit 2

Minimum Distance Requirements

	Property Line	Water Source	Building	Septic Tank	Basement	Water Course
Holding Tanks	1 m (3.28 ft)	10 m (32.81 ft)	1 m (3.28 ft)			10 m (32.81 ft)
Treatment Mound/Field	3 m (9.84 ft)	15 m (49.21 ft)	10 m (32.81 ft)	3 m (9.84 ft)	10 m (32.81 ft)	15 m (49.21 ft)
Field System	1.5 m (4.92 ft)	15 m (49.21 ft)	10 m (32.81 ft)	5 m (16.40 ft)	10 m (32.81 ft)	15 m (49.21 ft)
Open Discharge	90 m (295.28 ft)	50 m (164.04 ft)	45 m (147.64 ft)			45 m (147.64 ft)
Lagoons	30 m (98.43 ft)	100 m (328.08 ft)	45 m (147.64 ft)			90 m (295.28 ft)
Packaged Sewage Treatment Plants	6 m (19.69 ft)	10 m (32.81 ft)	1 m (3.28 ft)			10 m (32.81 ft)

Owner Name:											
Legal Land Location								Test Pit			
LSD - 1/4	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:											
Overall Site Slope %:						Slope Position of Test Pit:					
Test Hole No.	Soil Sub Group	Parent Material		Drainage		Depth of Lab Sample (sample #1)		Depth of Lab Sample (sample #2)			
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	% Coarse Fragment
Depth of Groundwater:						Limiting Soil Layer Characteristic, describe:					
Depth of 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):											

Owner Name:												
Legal Land Location								Test Pit				
LSD - 1/4	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing		
Vegetation Notes:												
Overall Site Slope %:						Slope Position of Test Pit:						
Test Hole No.	Soil Sub Group	Parent Material		Drainage		Depth of Lab Sample (sample #1)			Depth of Lab Sample (sample #2)			
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling		Structure	Grade	Consistence	Moisture	% Coarse Fragment
Depth of Groundwater:						Limiting Soil Layer Characteristic, describe:						
Depth of 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):												

FOR OFFICE USE ONLY

Date received (m/d/y): _____ Receipt no.: _____

Authorized County personnel: _____

PAYMENT AUTHORIZATION

Service description: _____

AMOUNT \$: _____

CREDIT CARD AUTHORIZATION

FOR OFFICE USE ONLY

Payment method: Visa MasterCard Interac Cash Cheque

Credit card no.: _____ Expiry date: _____ CVC: _____

Name of Cardholder: _____ Signature of Cardholder: _____

*NOTE: If you plan to submit this application via email, **do not** provide your credit card details. Payment information will be requested by a County representative at the time of processing, and then securely destroyed.*

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