



# Private Sewage Disposal Permit Application

**COUNTY CENTRE**  
Suite 101, 1101 – 5<sup>th</sup> Street  
Nisku, Alberta T9E 2X3  
Phone: 780-955-3555  
Fax: 780-955-8866  
Email: SafetyCodes@leduc-county.com

DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

### Legal Description

1/4 Sec Twp Rge West of Meridian Roll #

Lot Block Plan Subdivision/Hamlet

Civic Address of Project \_\_\_\_\_  
Occupied by \_\_\_\_\_

Postal Code \_\_\_\_\_  
Phone No. \_\_\_\_\_

Owner name: \_\_\_\_\_  
Owner address: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Applicant name: \_\_\_\_\_  
Applicant address: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Project Details:

Type of Building: Residential  Commercial  Industrial  Institutional  Other (Specify) \_\_\_\_\_

◆ Building Description: \_\_\_\_\_

◆ Proposed installation will take place in CONJUNCTION with: New Construction  Renovation

◆ Description of Work: \_\_\_\_\_ **Install Date:** \_\_\_\_\_

**NOTE\* PLANS SHALL ACCOMPANY ALL PERMIT APPLICATIONS. PERMIT WILL NOT BE ISSUED WITHOUT PLAN APPROVAL. PLANS SHALL INCLUDE SITE PLAN INDICATING DISTANCES TO PROPERTY LINES, WATER SOURCES AND BUILDINGS.**

**(CSA Approved Tanks Only)** Septic Tank Working Capacity \_\_\_\_\_ gallons/litres Tank: Siphon  Pump   
Surface Discharge  Treatment Mound  At Grade  Treatment Plant? Yes  No   
Disposal Field  Holding Tank  Other  Specify: \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ Percolation – minutes/inch \_\_\_\_\_ Soil Classification \_\_\_\_\_  
Expected Sewage Flow \_\_\_\_\_ X No. of Bedrooms \_\_\_\_\_ = \_\_\_\_\_ Gallons/litres per day  
Method of Distribution \_\_\_\_\_ Inch diameter pipe \_\_\_\_\_ Pressurized  Gravity Flow

**NO PART OF A PRIVATE SEWAGE SYSTEM SHALL BE BACKFILLED BEFORE IT IS INSPECTED. THIS INCLUDES SEWAGE HOLDING TANKS.**

Fees as per Current Fee Schedule \_\_\_\_\_  
SCC levy is the greater of \$4.50 or 4% of the permit fee | Safety Codes Council Levy \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

Installer Name \_\_\_\_\_ Certification # \_\_\_\_\_ Expiry \_\_\_\_\_  
(Please Print)

The issuance of a permit or examination of plans/ specifications shall not be construed to be an approval of any violation of provisions of the Safety Codes Act, Regulations made pursuant thereto, bylaws or agreement.

Personal information provided as part of this application is collected under the SCA and MGA and in accordance with the FOIPP Act. The information 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 are available to the public on request. If you have questions about the collection or use of the personal information, please contact Leduc County.

I am the owner/applicant with the consent and authority of the owner that is the subject matter of this permit application I have read and agree to the conditions on the reverse/page 2 of the application form. I hereby certify that this installation will be completed in accordance with the Safety Codes Act and Regulations made pursuant thereto.

Signature of authorized applicant \_\_\_\_\_

SCO: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_  
Finish Date: \_\_\_\_\_

Type of Payment (X) Mastercard  Visa  Auth # \_\_\_\_\_ Cheque # \_\_\_\_\_ County Account # \_\_\_\_\_  
Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name of Card Holder \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

I hereby authorize Leduc County by this signature to charge my Visa or MasterCard account number given here.

## CONDITIONS

Act	The issuance of a permit shall not prevent a Safety Codes Officer from issuing a correction notice if a Private Sewage Disposal installation or part thereof is found not to be in accordance with the Safety Codes Act, regulations and Bylaws.
Deviation	No deviation from plans, specifications or information contained on the application for this permit shall be permitted without prior written authorization from the Safety Codes Officer.
Safety Codes Officer	The person authorized to perform the installation governed by this permit shall notify the Safety Codes Officer prior to concealment of any portion of the installation.
Excavation	Before excavation is started, check for the location of utilities.
Inspection	The Safety Codes Officer shall not be refused admission during any reasonable hour of the day for the purpose of conducting an inspection.
IMPORTANT NOTICE	<p>If any portion or part of the work is concealed prior to an approval by a Safety Codes officer all work may be requested to be uncovered.</p> <p>Any required re-inspection shall be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place.</p> <p>Any person who commits a breach of any of the provisions of the Safety Codes Act, or Regulations made pursuant thereto, or of the conditions of a permit is guilty of an offense under the Act.</p> <p>Deficiencies shall be corrected within 15 days or as specified by the Safety Codes Officer.</p>