Safety Codes Council
Alberta Safety Codes Authority

Davis Inspection Services Ltd.
Phone: (403) 275-3338 or email: info@davisinspections.ca

Private Sewage System Permit Application

Davis Inspection Services Ltd.
#204C 4712-13 St NE Calgary Alberta
T2E 6P1
Phone: 1-403-275-3338
Toll Free: 1-800-639-0912
Email: info@davisinspections.ca

Permit Applicant: ☐Owner ☐Contractor
Application Date *(mm/dd/yyyy)*: _____ Estimated Start Date *(mm/dd/yyyy)*:_____
Development Permit No. *(if applicable)*:_____ Estimated Completion Date *(mm/dd/yyyy)*:_____
Building Permit No. *(if applicable)*:_____ **Value of Work** *(labour & materials)*:_____

Owner Name *(printed)*:_____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Contracting Company Name *(printed)*:_____ **Contact Name** *(printed)*: _____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Project Location
Municipality:_____ Subdivision/ Hamlet Name:_____ Tax Roll No.:_____
Street/ Rural Address:_____ Unit:_____
* **Legal land description is required**
Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions:_____

Description of Work *(please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):*

☐Work has not started ☐Work is in progress ☐Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

Submit with application: ☐ Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice

TYPE OF WORK
Please only select applicable item(s)

☐ **New Installation**
☐ **Alteration of Existing System**

☐ Residential
# of bedrooms: _____

☐ Commercial
# of seats *(employees)*: _____

☐ Industrial

☐ Institutional

☐ Farm Building

☐ Work Camp
# of beds: _____
Variance No.:_____
Variance Exp. Date:_____

Expected Peak Volume:_____
☐ L/day ☐ Imp. Gal/day ☐ Meters³/day
(not to exceed 25 m³/day)

INITIAL COMPONENT
Please only select applicable item(s)

☐ Holding Tank
Model No.:_____
Capacity: _____
CSA Cert No.:_____

☐ Septic Tank
Model No.:_____
Capacity: _____
CSA Cert No.:_____

☐Packaged Sewer Treatment Plant

☐Sand Filter

☐Effluent Tank

☐Settling Tank

☐Lift Station

SOIL BASED TREATMENT SUMMARY
Please only select applicable item(s)

☐ Treatment Field
☐ Chamber System Treatment Field
☐ Treatment Mound
☐ Sub-surface Drip Dispersal
☐ Enhanced Surface Discharge
☐ LFH At-Grade
☐ Open Discharge
☐Lagoon
☐ Privy (with holding tank)

Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches

Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches

Limiting Soil Characteristics:
Texture: _____Structure: _____ Grade: _____

Soil Infiltation Area Required: _____ ☐ Meters² ☐ Feet²

Soil Effluent Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

Linear Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

***FOIP Notification**: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.*

_____ _____ _____
Certified Installer's Name *(please print)* Certification No. Certified Installer's Signature

_____
Homeowner's Signature *(homeowner permit only)* **Homeowner Declaration**: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required ☐ Building ☐ Electrical ☐ Gas ☐ Plumbing ☐ Not Applicable

Permit Fee: $_____
SCC Levy: $_____
($4.50 or 4% of the permit fee maximum $560.00)
Travel Fee: $_____

Total Cost: $_____
Receipt #: _____
☐Invoiced ☐Cash ☐Cheque ☐Debit
☐Credit Card ☐Visa ☐MC *(attach signed credit card authorization form)*

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

Visit Where to get a Permit to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.