Submit Form

Supporting Documentation Required

Private Sewage Disposal Permit Application

Palliser Regional Municipal Services
Box 1900, 115 Palliser Trail
Hanna, AB T0J 1P0
Phone: 877-854-3371 ext 208
Fax : 403-854-4684
E-mail:permits@palliserservices.ca

Permit Label

Other Permits Required: ☐ ***Building*** ☐ ***Electrical*** ☐ ***Gas*** ☐ ***Plumbing***

Permit Type: ☐ Owner ☐ Contractor **Development Permit Number:** _____

Application Date (M/D/Y): _____ **Estimated Installation Date (M/D/Y):** _____

Owner: _____ Mailing Address: _____

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

Cell Number: _____ Fax: _____ Email Address: _____

Contractor: _____ Mailing Address: _____

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

Cell Number: _____ Fax: _____ Email Address: _____

Project Location: Name of Municipality: _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____

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

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

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 **Number of bedrooms** _____

Project Type: ☐ Commercial (Conventional) ☐ Industrial (Conventional) ☐ Residential (Conventional) **Depth to Water Table** _____

☐ Commercial (Advanced) ☐ Industrial (Advanced) ☐ Residential (Advanced) ☐ Work Camp # of Men _____

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 CURRENT PRIVATE SEWAGE STANDARD OF PRACTICE**).

Project Information: ☐ New Installation ☐ Alteration **Description of Work:** _____

Components Used:
☐ Septic Tank; Size _____
☐ Holding Tank; Size _____
☐ Disposal Field; Size _____
☐ Lagoon ☐ Packaged Sewage Treatment Plant ☐ Sand Filter
☐ Open (surface) discharge ☐ At Grade (variance required)
☐ 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; 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

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

Private Sewage Installer's Certification Number: **PS**_____

Permit Fee: $_____ **SCC Levy Fee: $**_____ **Total Permit Fee: $** _____

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash Authorization / Cheque Number _____

Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____

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): _____

CALL FOR INSPECTION
WHEN INSTALLATION IS OPEN

Palliser
Regional Municipal Services

Permit Number: _____
Name: _____
Date: _____

Private Sewage System Site Evaluation Diagram

Legal Description: _____

↑N	Show the proposed location of the onsite sewage system and indicate the distances from the following: • 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 ☐	Test Pit 2 ☐

Note: Additional information is required to be submitted separately for the system design detail.

Palliser
Regional Municipal Services

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.

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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.

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.

Palliser Regional Municipal Services

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):

Palliser Regional Municipal Services

Permit Number: _____

Name: _____

Date: _____

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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):