Agency label Permit I



	PRIVATE SEWAGE DISPOSAL S	SYSTEM PERMIT APPL	ICATION FORM			
Permit Applicant: Owner	☐ Contractor ☐ Resident	Develop	ment Permit No.:			
Application Date:		New Home Warranty No.:				
Other Permits Required (under separate	application): Building Electrical Gas	Plumbing Estimated C	Completion Date :			
Owner Name:		Mailing Address:				
City:		· · · · · · · · · · · · · · · · · · ·	Phone:			
Cell:	Email:		Fax:			
PSDS Contractor Name:		Mailing Address:				
City:		Province: Postal Code:	Phone:			
Cell:	Email:		Fax:			
Hamlet/ Subdivision Name:		Tax R	oll No.:			
		Unit: Lot:				
	1/4 Section: Township:					
TYPE OF OCCUPANCY	INSTALLATION	TRE	ATMENT DISPOSAL METHODS			
Homeowners Declaration: I hereby declare that I am Mackenzie County is not liable for any damage caused	the owner of the premises in which the work will be conducted and r by a decision related to the system of inspections, examination, evalu-	lations. Work will commence within 90 days. Por reside on the property. I am doing the work my, luations and investigations including but not limite	Serial No.:  Serial No.:  Serial No.:  (sand Layer)			
Privacy (FOIP) Act. This information is required and wil		nd monitoring, and property assessment purpose O.I.P Coordinator at 780-927-3718	unicipal Government Act and section 33 of the Freedom of Information and Protection of es. The name of the permit holder and the nature of the permit are available to the public Homeowner's Signature (homeowner permit only) Homeowner			
Private Sewage Installer's Certification Number:			peclaration: By signing this I hereby certify that I own/will own and occupy this dwelling.			
Tivuto comago motamo e e e e e e e e e e e e e e e e e e e		Office Use Only	обосиру ило 2.1.5			
Permit Fee: \$		Total Cost: \$				
SCC levy 4% of the permit fee with minimum of	of \$4.50 and a maximum of \$560.00		Building Permit No:			
Cash Debit	Invoice Cheque		Receipt No.:			
	ents, please fill out the Credit Card Authorization  Completed by the Plumbing Safety Codes Offier:	·	be destroyed once payment has been processed)			
	on(s) are required to ensure compliance with		orto			
эрестат сопишонь. <b>эне тэресто</b>	II(S) are required to ensure compilance with	If the safety codes Act of Albe	श (d.			
Issuing Officer's Name:		Issuing Officer's Signature:				
Designation No.:		_				
		<del>-</del>	-			

Inspection Requests: contact Superior Safety Codes 866-999-4777, allow 48 hours' notice for inspection

Phone: (780) 927-3718 Fax: (780) 927-4266 Email: permits@mackenziecounty.com

www.mackenziecounty.com

## **Private Sewage Sytem Site Evaluation Diagram**

Legal Land Description:

										Ob and the s
<b>-</b> -										Show the proposed
N										location of the
										onsite sewage
										system and the
										following items
										indicating their
										distances from
										the proposed
										system:
										a troop
										<ul><li>trees</li><li>floodplains</li></ul>
										<ul><li>wells</li></ul>
										<ul><li>wells</li><li>waste</li></ul>
										sources
										bedrock
										<ul><li>outcrops</li></ul>
										<ul><li>buildings</li></ul>
										<ul> <li>property lines</li> </ul>
										<ul><li>easement</li></ul>
										lines
										<ul> <li>ditches or</li> </ul>
										interceptors
										<ul><li>banks or</li></ul>
										steep
										slopes
										<ul><li>fills</li></ul>
										<ul><li>driveways</li></ul>
										<ul><li>existing</li></ul>
										sewage
										systems
										underground
										utilities
										<ul> <li>soil test pits</li> </ul>
drainage course slope direction Test Pit 1				: 1	T	est Pit 2	2			
	<b>-</b>			<b>&gt;</b>			•			_
	<u> </u>									

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



# **SITE EVALUATION REPORT**

Date:		Permit Number:				
Installer's Name:		Owner's Name:				
Legal	al Land Description:					
	e information requested in this document must be strate Sewage Systems Standard of Practice 2015.	submitted with the permit application as required by the				
	INCOMPLETE APPLICATI	ONS WILL BE RETURNED.				
A det	etailed diagram of the site where the sewage syster	n will be installed <u>must</u> be included.				
The fo	following information is to be shown on the diagrar	n and must be to scale:				
	Property size (in acres)					
	All boundary lines including the lengths in feet of	or meters				
	Buildings, roads, driveways and other property	mprovements; existing or proposed				
	Existing easements					
	Wells, cisterns or proposed water source location	ons on the property				
	Surface waters, rock outcrops and drainage fea	tures				
	Topography of the proposed treatment site **					
	Soil test pits locations with surface elevations a	nd GPS Co-ordinates **				
	Location of a permanent benchmark and it's ele	vation **				
	Outline of available treatment areas **					
** No	lot required for the installation of a sewage holding	ank.				



## **SOIL PROFILE REPORTING**

characteristics of each soil profile investigated shall be described using the Canadian System of Soil sification nomenclature and include the following in the soil profile description:
<b>Soil Horizons</b> – 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.
<b>Soil Color</b> for each soil lies and identified, the matrix color and quantity, size, contrast, and color of any redoximorphic features present shall be described.
<b>Texture</b> for each horizon identified, the soil texture classification including any appropriate texture modifier shall be reflected in this evaluation report and a <b>soil sample of the most restricting layer</b> affecting the design shall be collected and <b>analyzed at a laboratory</b> using a recognized grain or particle size analysis method to determine the texture of the same.
E: Other than Sandy Clay any texture that uses the word SAND in its description must include diparticle 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:
<ul> <li>Characteristics affecting the determination of peak and average wastewater flows to be used in the design,</li> </ul>
<ul> <li>The peak daily wastewater flow volume to be used for the system design, and</li> </ul>
Anticipated effluent wastewater strength.
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.
<ul> <li>9 feet for Treatment Fields receiving primary treated effluent (septic tank effluent).</li> </ul>
<ul> <li>6.5 feet for Treatment Fields receiving secondary treated effluent (treatment plant, sand filter effluent)</li> </ul>
6 feet for Open Discharge systems.



Other Documentation Required				
	B66-10 Tank Certification			
	High Level Alarm			
	Effluent Filter			
	Pump Specifications			
	NSF 40 for Packaged Sewage Treatment Plants			

**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.



#### **Private Sewage Disposal Permit**

Revised 2017-05-17

#### Alberta Private Sewage Treatment System Soil Profile Log Form

Owner Name or Job ID.: Legal Land Location Test Pit LSD-1/4 Sec Rg Block Plan Northing Twp Mer Lot Easting Overall site slope % Vegetation notes: Slope position of test pit: Test hole No. Soil Subgroup Parent Material Drainage Depth of Lab (sample #1) Depth of Lab s(ample #2) Depth % Coarse Gleying Mottling Horizon Texture Lab or HT Color Structure Grade Consistence Moisture Fragments (cm) (in) Limiting Soil Layer Characteristic, describe: Depth to Groundwater: Depth to Seasonally Saturated Soil: Depth to restrictive Soil Layer: Limiting Topography: Depth to Highly Permeable Layer Limiting Design: Key Limiting Feature on System Design: Weather Condition notes: Comments: such as root depth and abundance or other pertinent observations: