Submit

Agency label

Permit label

PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM

Permit Applicant: ☐ Owner ☐ Contractor ☐ Resident Development Permit No.: _____

Application Date: _____ New Home Warranty No.: _____

Other Permits Required (under separate application): ☐ Building ☐ Electrical ☐ Gas ☐ Plumbing Estimated Completion Date : _____

Owner Name: _____ Mailing Address: _____

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

Cell: _____ Email: _____ Fax: _____

PSDS Contractor Name: _____ Mailing Address: _____

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

Cell: _____ Email: _____ Fax: _____

Hamlet/ Subdivision Name: _____ Tax Roll No.: _____

Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____

Legal Subdivision: Part of: _____ 1/4 Section: _____ Township: _____ Range: _____ West of: _____ M

Directions: _____

Description of Work: _____

TYPE OF OCCUPANCY	INSTALLATION	TREATMENT DISPOSAL METHODS
☐ Residential ☐ Conventional ☐ Advanced ☐ Commercial ☐ Conventional ☐ Advanced ☐ Industrial ☐ Conventional ☐ Advanced ☐ Work Camp/No. of Men _____	☐ New ☐ Alteration Expected Volume of Effluent: _____ ☐ m^3/day ☐ Liters/day ☐ Gallons/day (not to exceed 25 m^3/day) Total No. of Bedrooms _____ (residential including basement and future development)	Complete all applicable items: ☐ Septic Tank Size _____ Serial No.: _____ ☐ Holding Tank Size _____ Serial No.: _____ ☐ Treatment Mound Size _____ (sand Layer) ☐ sq ft ☐ sq m ☐ Disposal Field Size _____ (trench bottom) ☐ sq ft ☐ sq m ☐ Depth of Water Table _____ ☐ Feet ☐ Inches ☐ Open (surface) Discharge ☐ Sewage Lagoon ☐ Packaged Sewage Treatment Plant ☐ Sand Filter ☐ Other: _____

Applicant Declaration: *This installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. Work will commence within 90 days. Permit will expire in one (1) year unless extended in writing by a Safety Codes Officer.* *Homeowners Declaration:* *I hereby declare that I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume the responsibility for compliance with the applicable Act & Regulations. Mackenzie County is not liable for any damage caused by a decision related to the system of inspections, examination, evaluations and investigations including but not limited to a decision relating to the frequency and the manner in which they are carried out as per the Alberta Safety Codes Act Section 12(2).* *F.O.I.P Notification:* *The personal Information on this form is collected in accordance with the Safety Codes Act, the Municipal Government Act and section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act. This 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 upon request. If you have any questions regarding the collection, use or disclosure of this information please contact the F.O.I.P Coordinator at 780-927-3718*

Installer's Name (print) _____ Certified Installer's Signature _____ Homeowner 's Signature (homeowner permit only) Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.

Private Sewage Installer's Certification Number: PS: _____ Certification Valid until: _____

For Office Use Only

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

SCC levy 4% of the permit fee with minimum of $4.50 and a maximum of $560.00

Building Permit No: _____

☐ Cash ☐ Debit ☐ Invoice ☐ Cheque No.: _____ Receipt No.: _____

For credit card payments, please fill out the Credit Card Authorization Form (credit card information will be destroyed once payment has been processed)

Permit Validation Section *to be completed by the Plumbing Safety Codes Offier*:

Special Conditions: Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.

Issuing Officer's Name: _____ Issuing Officer's Signature: _____

Designation No.: _____ Permit Issue Date: _____

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

Mackenzie County
Box 640, 4511-46 Avenue
Fort Vermilion, AB T0H 1N0

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

Private Sewage Sytem Site Evaluation Diagram

Legal Land Description:

N	Show the proposed location of the onsite sewage system and the following items indicating their distances from the proposed system: • 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 separately for the system design detail.

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SITE EVALUATION REPORT

Date: _____ Permit Number: _____

Installer's Name: _____ Owner's Name: _____

Legal Land Description: _____

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

INCOMPLETE APPLICATIONS WILL BE RETURNED.

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 and **GPS Co-ordinates** **
- ☐ 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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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.
- ☐ 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.

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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.

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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	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 s(ample #2)

Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	% Coarse Fragments

Depth to Groundwater:	Limiting Soil Layer Characteristic, describe:
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:	