



File
Number: _____
Date
Received: _____
Tax Roll No.: _____

PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____
Permit Applicant: ☐ Owner ☐ Contractor Value of Installation (labour and material): \$ _____
☐ Work has not started ☐ Work is in progress ☐ Work is complete

Owner / Applicant: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Lethbridge County Subdivision Name: _____
Street/Rural Address: _____ Postal Code: _____
Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions: _____

Submit with Application: ☐ Soil Log Report (2 test pits) ☐ Soil Analysis ☐ System diagram ☐ CSA-B66 Certificate ☐ Site Plan/Diagram

Please Provide a Detailed Description of Work:

*** NOTE THAT WORK MUST BE INSPECTED BEFORE COVERING ***

TYPE OF WORK	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Commercial/Conventional <input type="checkbox"/> Industrial/Conventional <input type="checkbox"/> Residential/Conventional <input type="checkbox"/> Commercial/Advanced <input type="checkbox"/> Industrial/Advanced <input type="checkbox"/> Residential/Advanced <input type="checkbox"/> Work Camp/No. of Men: _____	<input type="checkbox"/> New <input type="checkbox"/> Alteration Expected Volume of Effluent: <input type="checkbox"/> m ³ /day <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day _____ (not to exceed 25 m ³ /day) No. of Bedrooms (residential including basement and future development): _____	Complete all applicable items: <input type="checkbox"/> Septic Tank Size: _____ Serial No.: _____ <input type="checkbox"/> Holding Tank Size: _____ Serial No.: _____ <input type="checkbox"/> Treatment Mound Size: _____ (sand layer) <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> Disposal Field Size: _____ (trench bottom) <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <input type="checkbox"/> Depth of Water Table: _____ <input type="checkbox"/> Feet <input type="checkbox"/> Inches <input type="checkbox"/> Open (surface) Discharge <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____

Important Note: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email at atippcoordinator@lethcounty.ca or call 403-328-5525.

Certified Installer's Name (print) _____

Certified Installer's Signature _____

Homeowner's Signature (homeowner permit only) _____

Private Sewage Installer's Certification No.: _____ PS _____

Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only

Permit Fee: \$ _____ SCC Levy: _____ Issuing Officer's Name: _____
Total Cost: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Issuing Officer's Signature: _____
Designation No.: _____
☐ Cash ☐ Debit ☐ Cheque Invoiced _____ Permit Issue Date (mm/dd/yyyy): _____

Submit your permit application to contact@parkinspections.com

Please contact Park Enterprises Ltd. for inspections & inquiries.

Phone: 1-800-621-5440 Fax: 1-866-406-8484

2018.08.13