



PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT

Date of Issue: _____

Permit Type: Residential Property Owner/Farmer Certified PSDS Contractor

INSPECTION LOCATION: LOT _____ BLK _____ PLAN _____, _____ ¼ SEC _____ TWP _____ RG _____ W _____ Mer

Municipality: Town, Village, County or M.D.: _____

Street Address/Subdivision/Acreage Name: _____

Brief Directions: _____

PREMISES OWNED BY: _____ Building Occupants: _____

Mailing Address: _____ Postal Code: _____

DAYTIME PHONE NUMBER: _____ OTHER NUMBERS: _____

WE PROPOSE TO DO AN INSTALLATION AT THE ABOVE PREMISES CLASSED AS:

Commercial Industrial Residential Institutional Square Footage: _____

DESCRIPTION OF INSTALLATION: _____

System Design Criteria (complete all applicable items):

Expected daily volume of effluent (litres): _____ # of bedrooms (if Single Family or Duplex): _____

Depth to Water Table if less than 3m from ground surface (metres): _____

First Private Sewage System Component (check applicable component and complete all applicable items):

Sewage Holding Tank (litres): _____ Septic Tank: Working Capacity (litres): _____

Packaged Sewage Treatment Plant Sewage Lagoon: Storage Capacity (litres): _____

Effluent Treatment Components (check applicable component and complete all applicable items):

Name of Person conducting the tests: _____ Sizing Method: Open Discharge Treatment Mound (Size): _____

Percolation Test: _____ Soil Classification: _____ Sand Filter

Phone # () _____ Disposal Field (Size): _____ Other (Specify): _____

System drawings and details: Attach a detailed drawing including location from property lines, and (as applicable) length of weeping tile and laterals, location of diverter box, location of water supply, cross section(s), etc.

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year. Owner's signature/declaration (homeowner permits only) "I hereby declare 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 responsibility for compliance with the applicable Act and Regulations."

Permit Fee: _____ Job Value: _____

Permit Holder Signature: _____

Type of Payment: Visa MC Cheque Cash

Permit Holder Name: _____

Card Holder Name: _____

Certification Number: _____

VISA / MC #: _____

Estimated Completion Date: _____

Expiry Date: _____

**If Contractor Permit, company information:
If Homeowner Permit, owner information:**

Designated SCO Name: _____

Company Name: _____

Designation #: _____

Mailing Address: _____

SCO Signature: _____

Postal Code: _____

OFFICE USE ONLY

Phone: _____ Fax: _____

TOWN OF DRUMHELLER

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