



Permit Label

Private Sewage Disposal Permit Application

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 Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Project Location: TOWN OF PONOKA **Street Address:** _____
Unit #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Subdivision Name:** _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ **Tax Roll #:** _____
Directions: _____

System Design Criteria (complete all applicable items): **Soil Analysis from two (2) test pits** (attach copy) **Number of bedrooms:** _____
Expected Volume of Effluent: _____ cubic meters per day gallons per day liters per day **Depth to Water Table:** _____
Project Type: Commercial (Conventional) Industrial (Conventional) Residential (Conventional) Work Camp # of Men _____
 Commercial (Advanced) Industrial (Advanced) Residential (Advanced) **Tank Size (working capacity):** _____ gallons or liters

Project Information: New Installation Alteration **Value of work (materials and labour):** \$ _____
Components Used: Septic Tank Packaged Sewage Treatment Plant Sand Filter Other Initial Treatment
 Sewage Holding Tank Open (surface) discharge Disposal Field Treatment Mound
 Sewage Lagoon At Grade (variance required) **Field Size:** _____ **Mound Size:** _____
Description of Work: _____

Basic System Drawing: Attach a basic system sketch including: location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information **(AS PER PRIVATE SEWAGE STANDARD OF PRACTICE 2009).**

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** _____ **Homeowner's Signature** (Homeowner permits only) _____
Certification Number: _____

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
***SCC Levy is 4% with a minimum of \$4.50 and a maximum of \$560**
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):** _____