**Superior Safety Codes at Planning and Development**
9613-100 Street
Morinville, AB T8R 1L9
Phone (780) 939-8276
Fax (780) 939-2076
Email: sassistant@sturgeoncounty.ca

# Private Sewage Permit Application

**eSITE Permit Number: 305305-** _____

**Permit Type**: ☐ Owner ☐ Contractor

**Building Permit Number:** _____

**Application Date (M/D/Y):** _____

**Estimated Completion Date (M/D/Y):** _____

**Owner:** _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Fax: _____ Email Address: _____

**Contractor:** _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Fax: _____ Email Address: _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Directions: _____

**Type of Work:**

**Conventional:**
- ☐ Commercial
- ☐ Industrial
- ☐ Residential

**Advanced:**
- ☐ Commercial
- ☐ Industrial
- ☐ Residential

**Project Information:**
- ☐ New
- ☐ Alteration
- ☐ Work Camp # of men _____

Number of Bedrooms _____

Depth to Water Table _____

**Expected Volume of Effluent:**
- ☐ gallons per day _____
- ☐ m3 per day _____
- ☐ liters per day _____

**Components Used:**
- ☐ Septic Tank; Size _____
- ☐ Lagoon
- ☐ Packaged Sewage Treatment Plant
- ☐ Holding Tank; Size _____
- ☐ Open (surface) discharge
- ☐ At Grade
- ☐ Disposal Field; Size _____
- ☐ Treatment Mound; Size _____
- ☐ Sand Filter

☐ **Soil Log Report from two (2) test pits with Soil Analysis Report** (attach copy)

**Detailed Description of Work:**

_____

_____

_____

_____

_____

**SITE EVALUATION DIAGRAM:** Attach a **detailed** site diagram including the system location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information **(AS PER PART 7 OF THE PRIVATE SEWAGE STANDARD OF PRACTICE 2021).**

**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 of Privacy Act.

_____ Installer's Name (Please print)

_____ Installer's Signature

_____ Homeowner's Signature (Homeowner permits only)

Private Sewage Installer's Number: **PS**_____

***Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.***

**Permit Fee: $**_____ ***SCC Levy: $**_____ **TOTAL FEE: $**_____

**PERMIT FEES ARE NON REFUNDABLE**

***SCC Levy is 4% of the permit fee with a minimum of $4.50 and a maximum of $560**

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash **RECEIPT NUMBER:** _____

The personal information provided will be used to process the Private Sewage Permit application and is collected under the authority of the Safety Codes Act and Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County FOIP Coordinator at 9613 – 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321.

**Permit Validation Section *to be completed by the Permit Issuer*:**

Special Conditions: _____

SCO's Name (print or type) _____ SCO's Signature _____

SCO's Designation Number _____ Date of Issue (M/D/Y): _____

M/C or Visa Number _____ Expiry Date: _____

Name (as it appears on card): _____ Authorized Signature: _____

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Sturgeon COUNTY

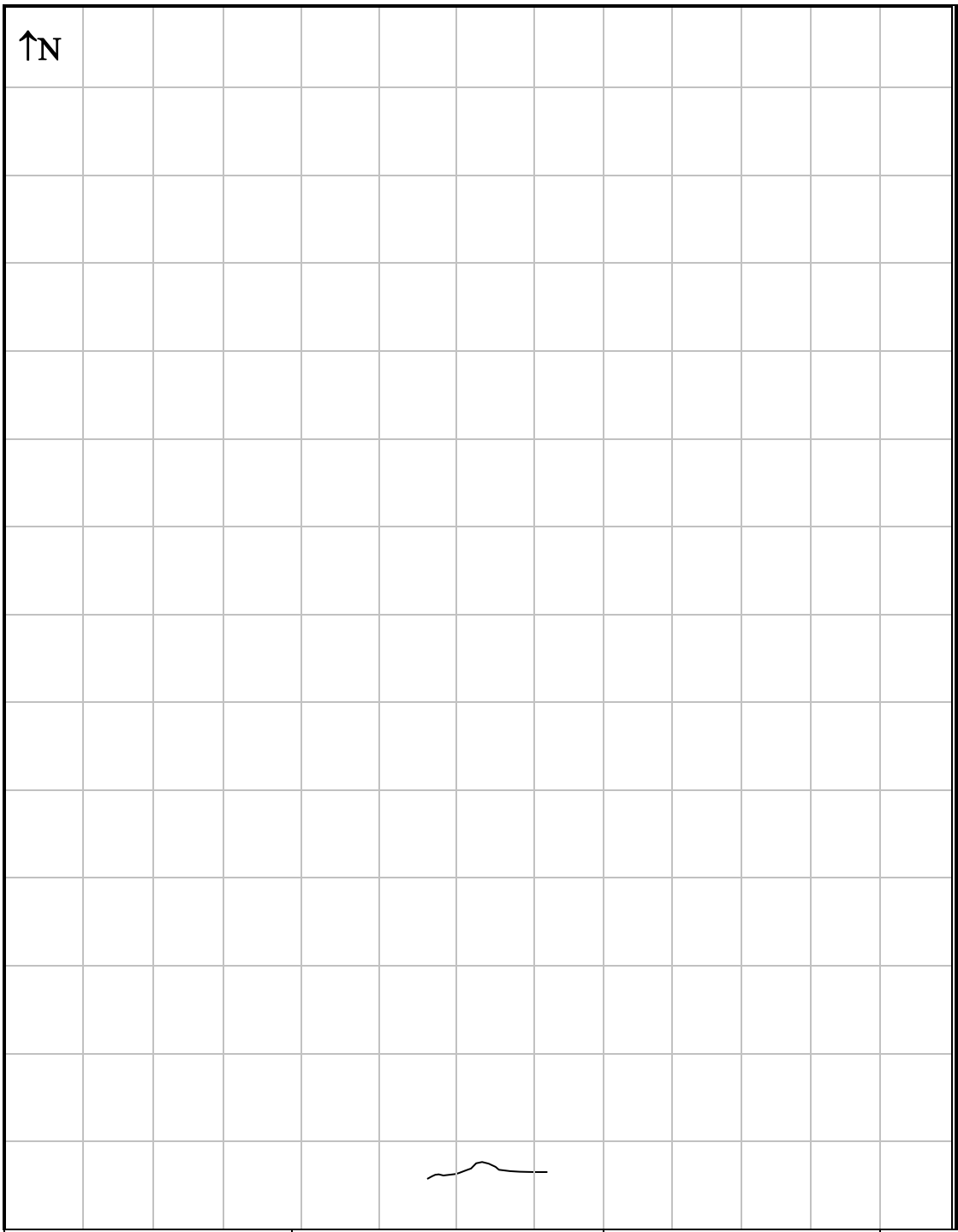
Permit Number: _____

Name: _____

Date: _____

**Private Sewage System Site Evaluation Diagram**

**Legal Description: _____**




Show the proposed location of the onsite sewage system and indicate the distances from the following:

- 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 to be submitted separately for the system design detail.

Sturgeon COUNTY

Permit Number: _____

Name: _____

Date: _____

# SITE EVALUATION REPORT

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.***

Permit Number (to be assigned by the Permit Issuer): _____

Owner's Name: _____

Installer's Name: _____

Legal Land Description: _____

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 **
- ☐ Location of a permanent benchmark and it's elevation **
- ☐ Outline of available treatment areas **

** Not required for the installation of a sewage holding tank.

Sturgeon COUNTY

Permit Number: _____

Name: _____

Date: _____

## 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.

Sturgeon COUNTY

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Date: _____

*soil profile report con't.*

- ☐ 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.

**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.

Sturgeon COUNTY

Permit Number: _____

Name: _____

Date: _____

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

| Owner Name or Job ID | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Legal Land Location | | | | | | | | Test pit | |
| LSD – ¼ | 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 (sample #2) |
|---|---|---|---|---|---|
| | | | | | |

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

| Depth to Groundwater: | Limiting Soil Layer Characteristic, describe: |
|---|---|
| Depth to Seasonally Saturated Soil: | Depth to Limiting Soil Layer: |
| Limiting Topography: | Depth to Highly Permeable Layer: |

| Key Limiting Features on System Design: |
|---|
| Weather Condition Notes: |
| Comments (such as root depth and abundance or other pertinent observations): |

Sturgeon COUNTY

Permit Number: _____

Name: _____

Date: _____

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

| Owner Name or Job ID | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Legal Land Location | | | | | | | | Test pit | |
| LSD – ¼ | 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 (sample #2) |
|---|---|---|---|---|---|
| | | | | | |

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

| Depth to Groundwater: | Limiting Soil Layer Characteristic, describe: |
|---|---|
| Depth to Seasonally Saturated Soil: | Depth to Limiting Soil Layer: |
| Limiting Topography: | Depth to Highly Permeable Layer: |

| Key Limiting Features on System Design: |
|---|
| Weather Condition Notes: |
| Comments (such as root depth and abundance or other pertinent observations): |