



**PRIVATE SEWAGE
DISPOSAL SYSTEM
PERMIT**

PSDS PERMIT LABEL

Date of Issue: _____

Permit Type: Residential Property Owner/Farmer Certified PSDS Contractor

INSPECTION LOCATION: LOT _____ BLK _____ PLAN _____, _____ 1/4 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
 Percolation Test: _____ Treatment Mound (Size): _____
 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:
Company Name: _____
Mailing Address: _____
Postal Code: _____
Phone: _____ Fax: _____

Designated SCO Name: _____
Designation #: _____
SCO Signature: _____
OFFICE USE ONLY

PALLISER REGIONAL MUNICIPAL SERVICES
703 - 2 Avenue West
Drumheller, AB T0J 0Y3
Phone (403) 823-1300 or 1-800-407-8361
Fax (403) 823-7739

The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. Information on this form may be used by the Authority having Jurisdiction.



Private Sewage Disposal Site Plan

(To Be Provided with PSDS Permit Application)

Installer's Name: _____ Installer's Phone #: _____

Installation Location: _____

Date of Installation: _____ Owner's Name: _____ Owner's Ph: _____
M / D / Y

Total Parcel Size: _____ Feet x _____ Feet



Note: Do not backfill prior to inspection.

Please indicate the following information on sketch:

1. Location of well/cistern and any slough's or waterways.
2. Location of buildings/proposed buildings / property lines.
3. Location of septic tank, field, mound, treatment tank or any other components of the PSD system.
4. Include distances from all items mentioned above.
5. Length and number of laterals.

<input type="checkbox"/> Calgary	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: (403) 717-2344	Fax: (403) 717-2340	Toll Free Ph: 1-888-717-2344	Toll Free Fax: 1-888-717-2340
<input type="checkbox"/> Edmonton	100, 10620 – 178 Street	T5S 2E3	Ph: (780) 489-4777	Fax: (780) 489-4711	Toll Free Ph: 1-866-999-4777	Toll Free Fax: 1-866-900-4711
<input type="checkbox"/> Grande Prairie	10525 – 100 Avenue	T8V 0V8	Ph: (780) 882-8777	Fax: (780) 882-7677	Toll Free Ph: 1-877-882-8777	Toll Free Fax: 1-877-882-8775
<input type="checkbox"/> Red Deer	3, 6264 – 67A Street	T4P 3E8	Ph: (403) 358-5545	Fax: (403) 358-5085	Toll Free Ph: 1-888-358-5545	Toll Free Fax: 1-866-358-5085