



IJD Inspections Ltd.  
E4, 5560 45 Street, Red Deer, AB T4N 1L1  
P. 877.617.8776 F. 866.801.7639  
Email:permits@ijid.ca

PERMIT # \_\_\_\_\_

## PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION FORM

Permit Applicant: ☐ Owner ☐ Contractor

Application Date (mm/dd/yyyy): \_\_\_\_\_

New Home Warranty No.(if applicable): \_\_\_\_\_

Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Project Location- Municipality:** \_\_\_\_\_ **Subdivision/Hamlet:** \_\_\_\_\_  
**Street/Rural Address:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_  
**Legal Subdivision:** Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M

### Description of Work:

**Submit with Application:** ☐ Soil Log Report (2 test pits) ☐ Soil Analysis ☐ System Diagram ☐ CSA-B66 Certificate ☐ Site Plan/Diagram  
☐ Work has not started ☐ Work is in progress ☐ Work is complete

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

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act (SCA) and Regulations. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. 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 as part of this application is collected under the SCA and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information collected is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes.

Installer's Name (print) \_\_\_\_\_ **x** \_\_\_\_\_ **OR x** \_\_\_\_\_  
Installer's Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) Homeowner Declaration:  
Private Sewage Installer's Certification Number: PS: \_\_\_\_\_ By signing this I hereby certify that I own/will own and occupy this dwelling.

### PERMIT FEE SUMMARY

|                                                                                                                                                                                             |                 |                                                                                |                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------|-----------------------|-----------------|
| Permit Fee:                                                                                                                                                                                 | \$ _____        | Permits are GST Exempt                                                         | Permit Fee Adjustment | \$ _____        |
| SCC Levy:                                                                                                                                                                                   | \$ _____        |                                                                                | SCC Levy Adjustment   | \$ _____        |
| Travel Fee:                                                                                                                                                                                 | \$ _____        |                                                                                | Subtotal              | \$ _____        |
| <b>Total Permit Cost</b>                                                                                                                                                                    | <b>\$ _____</b> | SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00 | <b>Total Payable</b>  | <b>\$ _____</b> |
| Receipt#                                                                                                                                                                                    | _____           |                                                                                | <b>Total Refund</b>   | <b>\$ _____</b> |
| <input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijid.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card |                 |                                                                                |                       |                 |