

**Private Sewage System Permit Application**

 Park Enterprises Ltd.  
 #10, 491 W.T. Hill Blvd,  
 Lethbridge, AB T1J 1Y6  
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<b>Permit Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Estimated Start Date (mm/dd/yyyy): _____	
<b>Application Date (mm/dd/yyyy):</b> _____		Estimated Completion Date (mm/dd/yyyy): _____	
Development Permit No. (if applicable): _____		Value of Work (labour & materials): _____	
Building Permit No. (if applicable): _____			
<b>Owner Name (printed):</b> _____		City/Town/Village: _____ Province: _____ Postal Code: _____	
Mailing Address: _____		Owners Phone #: _____	
*Email: _____		Fax #: _____	
<b>Contracting Company Name (printed):</b> _____		<b>Contact Name (printed):</b> _____	
Mailing Address: _____		City/Town/Village: _____ Province: _____ Postal Code: _____	
*Email: _____		Owners Phone #: _____ Fax #: _____	
<b>Project Location</b>			
Municipality: _____		Subdivision/ Hamlet Name: _____ Tax Roll No.: _____	
Street/ Rural Address: _____		Unit: _____	
* Legal land description is required			
Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____		Directions: _____	
<b>Description of Work</b> (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents): _____			
<input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete <b>WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING</b> Submit with application: <input type="checkbox"/> Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice			
<b>TYPE OF WORK</b>		<b>INITIAL COMPONENT</b>	
Please only select applicable item(s)		Please only select applicable item(s)	
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System  <input type="checkbox"/> Residential # of bedrooms: _____ <input type="checkbox"/> Commercial # of seats (employees): _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Farm Building <input type="checkbox"/> Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____  Expected Peak Volume: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters <sup>3</sup> /day (not to exceed 25 m <sup>3</sup> /day)		<input type="checkbox"/> Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____  <input type="checkbox"/> Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____  <input type="checkbox"/> Packaged Sewer Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	
		<b>SOIL BASED TREATMENT SUMMARY</b> Please only select applicable item(s)	
		<input type="checkbox"/> Treatment Field <input type="checkbox"/> LFH At-Grade <input type="checkbox"/> Chamber System Treatment Field <input type="checkbox"/> Open Discharge <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Lagoon <input type="checkbox"/> Sub-surface Drip Dispersal <input type="checkbox"/> Privy <input type="checkbox"/> Enhanced Surface Discharge Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to Limiting Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches  Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____ Soil Infiltration Area Required: _____ <input type="checkbox"/> Meters <sup>2</sup> <input type="checkbox"/> Feet <sup>2</sup> Soil Effluent Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Linear Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day	
<small>FOIP Notification: The personal information required by the Town of Diamond Valley application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley T0L 0H0.</small>			
Certified Installer's Name (please print)		Certification No.	
		Certified Installer's Signature	
<b>Homeowner's Signature (homeowner permit only) Homeowner Declaration:</b> I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.			
<b>OFFICE USE ONLY</b>			
<b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Plumbing <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____  <b>Total Cost:</b> \$ _____ Receipt #: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		<small>[Received Date Stamp]</small>  eSITE Permit No.: _____ Agency File No.: _____	