



COUNTY OF  
NEWELL



PARK ENTERPRISES LTD.

"Inspections by People Who Care!"

File  
Number: \_\_\_\_\_

Date  
Received: \_\_\_\_\_

Tax Roll No.: \_\_\_\_\_

183037 Range Road 145 P.O. Box 130 Brooks, AB T1R 1B2  
Phone: 403-362-3266 | Fax: 888-361-7921 | www.countyofnewell.ab.ca

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM**

Development Permit No.: \_\_\_\_\_ Estimated Project Completion Date (mmm/dd/yyyy): \_\_\_\_\_

Permit Applicant:  Owner  Contractor Value of Installation (labour and material): \$ \_\_\_\_\_

Work has not started  Work is in progress  Work is complete

**Owner / Applicant:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location:** Municipality: County of Newell Subdivision Name: \_\_\_\_\_

Street/Rural Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Submit with Application:**  Soil Log Report (2 test pits)  Soil Analysis  System diagram  CSA-B66 Certificate  Site Plan/Diagram

**Please Provide a Detailed Description of Work:**

**\*\*\* NOTE THAT WORK MUST BE INSPECTED BEFORE COVERING \*\*\***

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

**FOIPP Notification:** The personal information required by the County of Newell 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 County of Newell at 403-362-3266 or 183037 Range Road 145, PO Box 130, Brooks, AB T1R 1B2.

\_\_\_\_\_  
Certified Installer's Name (print) Certified Installer's Signature

\_\_\_\_\_  
Homeowner's Signature (homeowner permit only)

Private Sewage Installer's Certification No.: \_\_\_\_\_ PS \_\_\_\_\_

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

**Office Use Only**

Permit Fee: \$ \_\_\_\_\_ SCC Levy: \_\_\_\_\_ Issuing Officer's Name: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ (\$4.50 or 4% of the permit fee maximum \$560.00) Issuing Officer's Signature: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Designation No.: \_\_\_\_\_

Cash  Debit  Cheque \_\_\_\_\_ Permit Issue Date (mmm/dd/yyyy): \_\_\_\_\_

