

<b>County of Thorhild</b> Box 10, Thorhild, Alta. T0A 3J0 Phone: (780) 398-3741 Fax: (780) 398-3748	<b>Private Sewage Disposal          System Permit</b>	<b>The Inspections Group Inc.</b> 12010 – 111 Avenue Edmonton, Alta. T5G 0E6 Telephone: (780) 454-5048 Fax: (780) 454-5222
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**Applicant Section (to be completed by the Permit Applicant) Please Print Clearly!**

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Postal code: \_\_\_\_\_

Owner(s) signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work of this permit 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."

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor(s) name (print or type) \_\_\_\_\_ Contractor(s) signature \_\_\_\_\_ Private Sewage Installer # \_\_\_\_\_

**Project Location:** Legal Description: Qtr \_\_\_\_\_ Sec \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W. of \_\_\_\_\_ Meridian  
 Or Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Subdivision Name (if applicable) \_\_\_\_\_  
 in the County of Thorhild

**System Design Criteria (complete all applicable items):** \_\_\_\_\_ Residence \_\_\_\_\_ Other \_\_\_\_\_  
 Expected daily volume \_\_\_\_\_ # of bedrooms \_\_\_\_\_ Depth to Water Table if less than  
 of effluent (litres): \_\_\_\_\_ (residential): \_\_\_\_\_ 3m from ground surface (metres): \_\_\_\_\_

**First Private Sewage System Component (check applicable component and complete all applicable items):**  
 \_\_\_ Septic Tank: Working Capacity (litres): \_\_\_\_\_ \_\_\_ Packaged Sewage Treatment Plant  
 \_\_\_ Sewage Lagoon: Storage surface area (ft<sup>2</sup>): \_\_\_\_\_ \_\_\_ Sewage Holding Tank  
 \_\_\_ Sand Filter Type: \_\_\_ Coarse \_\_\_ Medium Area: \_\_\_\_\_ m<sup>2</sup>

**Effluent Treatment Components (check applicable component and complete all applicable items):**  
 Sizing method: \_\_\_ Percolation Test: \_\_\_\_\_ Soil classification: \_\_\_\_\_ Other: \_\_\_\_\_  
(Percolation rate) (Soil type) (specify)  
 Sizing method test conducted by (name): \_\_\_\_\_  
 \_\_\_ Disposal Field: trench area (m<sup>2</sup>): \_\_\_\_\_ or \_\_\_ Open discharge or \_\_\_ Other (specify): \_\_\_\_\_  
 \_\_\_ Treatment mound: sand bed area(m<sup>2</sup>): \_\_\_\_\_ base infiltrative area(m<sup>2</sup>): \_\_\_\_\_

**Basic System Drawings:** attach a basic system sketch including location in relation to buildings, distance to water supply and/or surface water bodies, other pertinent information.

I certify that all work will comply with the Safety Codes Act and pursuant codes and regulations.  
 \_\_\_\_\_  
 Signature of Person responsible for the installation Name of Person responsible for the installation (print or type)

**Permit Validation Section (to be completed by the Agency)**

Issuing Plumbing SCO's name (print or type) \_\_\_\_\_ Issuing Plumbing SCO's signature \_\_\_\_\_  
 Issuing Plumbing SCO's Designation # \_\_\_\_\_ Date of Issue \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Payment method:  Cash  Cheque  Other: \_\_\_\_\_  
 + S.C.C. Fee: \$3.00 Name of Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_  
 Total Permit Fees: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Contact: The Inspections Group for inspections @ 1-866-554-5048 (toll free), allowing two working days notice!**