



PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION

10, 1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada T0M 0W0
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainview county.com

Permit Type: ☐ Owner ☐ Contractor PRPS _____

Application Date : _____ DP #: _____ BP #: _____

Landowner _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Cell: _____
Email Address: _____

Applicant: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Cell: _____
Email Address: _____

Contractor: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Cell: _____
Email Address: _____

Legal: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Roll Number (Office Use): _____
Plan: _____ Block: _____ Lot: _____ Rural Address: _____
Directions: _____

See attached PSDP Checklist for documentation required to be submitted with application

System Design Criteria (complete all applicable items) ☐ Soil Log Report from two (2) test pits with Soil Analysis Report (attach copy)
Expected Volume of Effluent: _____ ☐ cubic meters per day ☐ gallons per day ☐ liters per day
Project Type: ☐ Commercial (Conventional) ☐ Industrial (Conventional) ☐ Residential (Conventional) Number of bedrooms _____
☐ Commercial (Advanced) ☐ Industrial (Advanced) ☐ Residential (Advanced) Depth to Water Table _____

SITE EVALUATION DIAGRAM: Attach a **detailed** site diagram including the system location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information (AS PER PART 7 OF THE PRIVATE SEWAGE STANDARD OF PRACTICE 2015).

Project Information: ☐ New Installation ☐ Alteration Value of Work: _____
Components Used: ☐ Septic Tank; Size _____ ☐ Packaged Sewage Treatment Plant ☐ Sand Filter ☐ Other Initial Treatment
☐ Holding Tank; Size _____ ☐ Open (surface) discharge ☐ Disposal Field; Size _____ ☐ Treatment Mound; Size; _____
☐ Sewage Lagoon ☐ Other Final Disposal Method _____ ☐ At Grade (variance required)

Description of Work:

PRPS _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days and generally expires after two years without an extension request. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Mountain View County and its accredited agency are 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 on this form is protected by the Freedom of Information of Privacy Act

The personal information on this form is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of reviewing and evaluating an application for Development. By providing the above personal information, **the applicant consents to the information being made available to the public and Approving Authority in its entirety** under Section 17(2) of the Alberta Freedom of Information and Protection of Privacy Act. Any inquiries relative to the collection or use of this information may be directed towards to:

Mountain View County FOIP Coordinator 403-335-3311 10, 1408 – Twp Rd 320. Postal Bag 100, Didsbury AB T0M 0W0

Certified Installer's Name (please print)

Certified Installer's Signature

Homeowner's Signature
(Homeowner permits only)

Private Sewage Installer's Certification Number: PS _____

Application with supporting documents can be submitted to permits@mvcounty.com

**Bylaw No. 11/22
Schedule D - Excerpt
Planning and Development Services**

Private Sewage Permit Fees

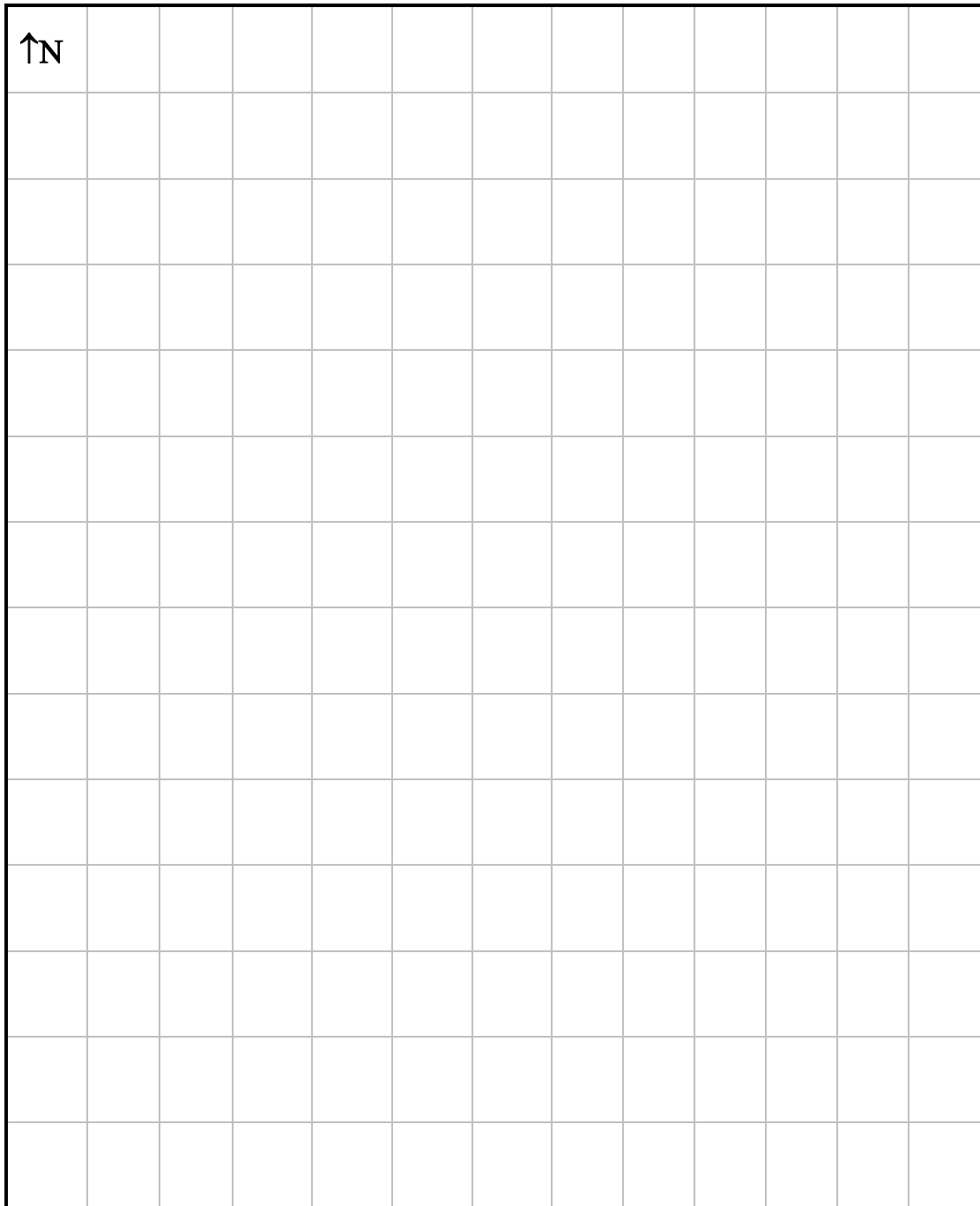


Type of Installation	Fee
Residential, single family/ two family	\$231.00 / dwelling unit
Multi-family and non-residential	\$231.00 + \$115.50 for each 10 cubic meters or portion thereof, of sewage / day based on expected average flows

Add 4% Safety Codes Council Fee for each permit issued with a minimum of \$4.50 and
a maximum of \$560.00

Note: if a Permit has been closed, it will not be re-opened and a new Permit will be required

Private Sewage System Site Evaluation Diagram

Legal Description: _____

												<p>Show the proposed location of the onsite sewage system and indicate the distances from the following:</p> <ul style="list-style-type: none"> • trees • floodplains • wells • waste sources • bedrock • outcrops • buildings • property lines • easement lines • ditches or interceptors • banks or steep slopes • fills • driveways • existing sewage systems • underground utilities • soil test pits 												
Drainage Course				Slope Direction				Test Pit 1 <input type="checkbox"/>		Test Pit 2 <input type="checkbox"/>														
																								

Note: Additional information is required to be submitted separately for the system design detail.

SITE EVALUATION REPORT

The information requested in this document must be submitted with the permit application as required by the Private Sewage Systems Standard of Practice 2015.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Permit Number (to be assigned by the Permit Issuer): _____

Owner's Name: _____

Installer's Name: _____

Legal Land Description: _____

A detailed diagram of the site where the sewage system will be installed **must** be included.

The following information is to be shown on the diagram and must be to scale:

- ☐ Property size (in acres)
- ☐ All boundary lines including the lengths in feet or meters
- ☐ Buildings, roads, driveways and other property improvements; existing or proposed
- ☐ Existing easements
- ☐ Wells, cisterns or proposed water source locations on the property
- ☐ Surface waters, rock outcrops and drainage features
- ☐ Topography of the proposed treatment site **
- ☐ Soil test pits locations with surface elevations **
- ☐ Location of a permanent benchmark and it's elevation **
- ☐ Outline of available treatment areas **

** Not required for the installation of a sewage holding tank.

SITE PROFILE REPORTING

The characteristics of each soil profile investigated shall be described using the Canadian System of Soil Classification nomenclature and include the following in the soil profile description:

- ☐ **Soil Horizons** – the distance from the ground surface to the top and bottom of each soil horizon observed shall be measured and distinctness and topography of the horizon boundaries described.
- ☐ **Soil Color** for each soil lies and identified, the matrix color and quantity, size, contrast, and color of any redoximorphic features present shall be described.
- ☐ **Texture** for each horizon identified, the soil texture classification including any appropriate texture modifier shall be reflected in this evaluation report and a **soil sample of the most restricting layer** affecting the design shall be collected and **analyzed at a laboratory** using a recognized grain or particle size analysis method to determine the texture of the same.

NOTE: Other than Sandy Clay any texture that uses the word SAND in its description must include sand particle size.

- ☐ **Soil Structure** and grade of structure identified for each horizon.
- ☐ A statement regarding the treatment capability and dispersal capacity of the available site(s).
- ☐ Where the soil profile includes features that will require the lateral movement of water through the soil away from the dispersal system, identified constraints on the system design and allowable effluent hydraulic loading rates, as it relates to linear loading rates.
- ☐ A summary of the significant limiting conditions of soil profile and site.
- ☐ A justification of the locations and number of the soil profiles investigated.
- ☐ A description of the development being served including:
 - Characteristics affecting the determination of peak and average wastewater flows to be used in the design,
 - The peak daily wastewater flow volume to be used for the system design, and
 - Anticipated effluent wastewater strength.
- ☐ Copies of laboratory soils analysis reports have been attached.
- ☐ Number of soil profiles investigated; a minimum of two (2) test pit excavations shall be investigated at the proposed location for the soil-based treatment component to classify and assess the treatment capacity of the soil.
- ☐ Minimum depth of soil investigation (choose appropriate depth as per YOUR design). The soil profiles shall be investigated to a minimum depth below ground surface of:
 - ☐ 4 feet for Treatment Mounds.
 - ☐ 9 feet for Treatment Fields receiving primary treated effluent (septic tank effluent).
 - ☐ 6.5 feet for Treatment Fields receiving secondary treated effluent (treatment plant, sand filter effluent)
 - ☐ 6 feet for Open Discharge systems.

NOTE: When the site evaluation report is complete the information from the report is to be used to produce your System Design Report. This includes any features that would require peak flow to be increased.

Alberta Private Sewage Treatment System Soil Profile Log Form

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting	Northing		
Vegetation Notes:							Overall Site Slope %				
							Slope position of test pit				
Test Hole No.		Soil Subgroup		Parent Material		Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)	
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment
Depth to Groundwater:					Limiting Soil Layer Characteristic, describe:						
Depth to Seasonally Saturated Soil:					Depth to Limiting Soil Layer:						
Limiting Topography:					Depth to Highly Permeable Layer:						
Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											

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Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											



Visa - MasterCard Payment Authorization

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Transaction Date: _____

Payment Amount: \$ _____

Payment Method: Visa ☐ MasterCard ☐

Name of Cardholder: _____

Signature of Cardholder: _____

Phone Number: _____

*Payment Reference: _____

i.e.: Planning; County Map; A/R Account; etc.

*We do not accept credit card payments for Tax or Municipal Reserve Payments. There is a \$5000 maximum for credit card payments.

Mountain View County shall not be responsible for the security of any information during delivery by mail or email, and the cardholder agrees as a condition of paying by credit card that it hereby releases and holds harmless the County from any and all claims arising therefrom.

The credit card information provided on this portion of the form will not be retained. Once the transaction authorized by this form has been approved, credit card information will be destroyed.

Credit Card Number: _____

CSV: _____

Expiry Date (mm/yr): _____

TO BE DESTROYED