



1005 Ross Street | PO Box 500, Crossfield T0M 0S0
 Phone: 403-946-5565 | www.crossfieldalberta.com



File Number: _____
 Date Received: _____
 Tax Roll No.: _____

PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/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: Town of Crossfield 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 ³ /day <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day _____ (not to exceed 25 m ³ /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 ² <input type="checkbox"/> m ² <input type="checkbox"/> Disposal Field Size: _____ (trench bottom) <input type="checkbox"/> ft ² <input type="checkbox"/> m ² <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 Town of Raymond 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 Crossfield at 403-946-5565 or 1005 Ross Street, PO Box 500.

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 Invoiced _____ Permit Issue Date (mm/dd/yyyy): _____
 Credit Card Number: _____ Expiry Date: _____ CVC: _____