



File Number:	
Date Received:	
Tax Roll No.:	

PR	IVATE SEWAGE DISPOS	AL SY	STEM PERMIT AP	PLICATION	FORM		
ev elopment Permit No.: Estimated Project Completion Date (mm/dd/yyyy):							
Permit Applicant: ☐ Owner ☐		Value of Installation (labour and material): \$					
☐ Work has not started ☐ Work is in	n progress						
Owner / Applicant:			Mailing Address	:			
City:		Province	:Postal Code:		Phone:		
Cell:	Email:				F	ax:	
Contractor:			Mailing Address	:			
City:							
Contractor Name:			Email:				
Project Location: Municipality:	Lethbridge County	Sub	division Name:				
Street/Rural Address:						Postal Code:	
Lot:Block:				Section: To	vnship:	Range:	West of:
Directions:							
Submit with Application: ☐ Soil L Please Provide a Detailed Deta	escription of Work:				erinicale	□ Site Plan/Dia	agram
TYPE OF WORK	*** NOTETHAT WORK M INSTALLATION	UST BE			DOSAL ME	TUODE	
TYPE OF WORK Commercial/Conventional	□ New			Temp:	PUSAL IVIE	נו ווטעס	
☐ Industrial/Conventional	☐ Alteration		Complete all applicable if ☐ Septic Tank Size:	<u></u>	Serial No	o.:	
☐ Residential/Conventional	Expected Volume of Effluent:		☐ Holding Tank Size:		Serial No	D.:	
☐ Commercial/Advanced	☐ m³/day		☐ Treatment Mound Siz	ze:	(sand lay	rer)	□ m²
☐ Industrial/Advanced	☐ Litres/day		☐ Disposal Field Size:		(trench b	ottom) 🗆 ft²	☐ m²
☐ Residential/ Advanced ☐ Work Camp/No. of Men:	Gallons/day		□ Depth of Water Table□ Open (surface) Disch			☐ Inches	
Work Camp/No. or Well.	(not to exceed 25 m³/day)		□ Packaged Sewage Tr			age Lagoon Filter	
	No. of Bedrooms (residential including basement and future development):	ng	Other:				_
FOIPP Notification: The personal information and will be protected under Part 2 of that Act and of the permit holder and nature of the permit m collection to Lethbridge County at 403-328-5525 Certified Installer's Name (print)	d section 63 of the Safety Codes Act. It will be an uncluded on reports provided to the mor 100, 905 4 Ave S, Lethbridge T1J 4E4. Certified Installer's Signature of the control of the c	e used for pro nunicipality o	cessing permit applications, issi r made available to the public a	uing permits, safety or is required or allowed Homeowne Homeown	des complian by legislation r 's Signature er Declaration	ce monitoring and verification. Please direct any que (homeowner permit online By signing this app	ication. The name estions about this
Private Sewage Installer's Certification	I INUPS			hereby ce	rtify that I ow	n/will own and occup	y this dwelling.
Permit Fee: \$	SCCIeve		Use Only	o.			
·	SCC Levy:(\$4.50 or 4% of the permit fee maximum \$560.00)		Issuing Officer's Name				
Total Cost: \$		ι φουυ.υυ)	Issuing Officer's Signation No.:	e:			
☐ Cash ☐ Debit ☐ Cheque	Invoiced		Permit Issue Date (mm/	/dd/yyyy):			