

S.V. of Mewatha Beach
10511 – 109th Street,
Westlock, Alta. T7P 1A9
Phone/Fax: (780) 349-3651

**PRIVATE SEWAGE
DISPOSAL
SYSTEM PERMIT**

The Inspections Group
12010 – 111 Ave. N.W.,
Edmonton, Alta. T5G 0E6
Toll Free Phone: 1-866-554-5048
Toll Free Fax: 1-866-454-5222

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 Summer Village of Mewatha Beach

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 (ft²): _____ ___ Sewage Holding Tank
___ Sand Filter Type: ___ Coarse ___ Medium Area: _____ m²

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 (m²): _____ or ___ Open discharge or ___ Other (specify): _____
___ Treatment mound: sand bed area(m²): _____ base infiltrative area(m²): _____

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 \$ _____ + S.C.C. fee of \$ _____ 3.5% of Permit Fee or \$4.00 (whichever is greater)

Total Permit Fees: _____ Payment method: Cash Cheque Visa M.C. Other: _____

Contact: The Inspections Group for inspections: 1-866-554-5048 or Fax: 1-866-454-5222, allow 2 business days notice