



# Private Sewage Disposal Permit



## IJD Inspections Ltd.

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Permit File # \_\_\_\_\_  
EPS # 138- \_\_\_\_\_

**Summer Village of Gull Lake**

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov. \_\_\_\_\_ P.C. \_\_\_\_\_  
X \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and resume responsibility for compliance with the applicable Act and regulations.

Contractor: \_\_\_\_\_ PSDS ID or Journeyman Plumbers #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ X \_\_\_\_\_ Contractor's Signature  
Postal Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Project Location: S.V. of Gull Lake** Street Address \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
System Design Criteria: (Complete all applicable items):  Residence  Other  
Expected daily volume of effluent (gal.) \_\_\_\_\_ # of bedrooms \_\_\_\_\_

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

Effluent Treatment Components: ( check applicable component and complete all applicable items)  
Sizing Method:  Percolation Test: \_\_\_\_\_ Conducted by: \_\_\_\_\_  
 Soil Classification \_\_\_\_\_ Conducted by: \_\_\_\_\_  
 Other (specify) \_\_\_\_\_ Depth of water table if less than 7 ft. from ground surface (ft) \_\_\_\_\_  
 Open Discharge  
 Disposal Field - Disposal Field Area: \_\_\_\_\_ ft<sup>2</sup>  
 Treatment Mound: Sandbed Area: \_\_\_\_\_ ft<sup>2</sup> Base Infiltrative Area \_\_\_\_\_ ft<sup>2</sup>  
 Other (specify) \_\_\_\_\_

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

### Permit Validation Section: (Office Use Only)

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

Permit Fee: \_\_\_\_\_  
SCC Fee: \_\_\_\_\_  
Total Fee: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Payment Method:  Visa  M/C  Cash  Cheque  Debit Card  Invoice