

Box 177 Glendon, AB T0A 1P0
P: 780-635-3807 F: 780-635-2100

Please call Village Office to book inspection. A minimum of 48 hours' notice is required.

VILLAGE OF GLENDON

Private Sewage Disposal System Permit

PLUMBING LABEL

PSDS Permit #: _____ Roll #: _____ Date of Issue: _____

Permit Type: Residential Property Owner Certified PSDS Contractor Development Permit #: _____

LEGAL LOCATION: PLAN _____ BLK _____ LOT _____ PART _____ 1/4 SEC _____ TWP _____ RG _____ W4M _____

Civic Address: _____ Parcel Size: _____ (acres)

Owner Name: _____

Mailing Address: _____

Phone Number: _____ Other Phone Number: _____

Email: _____

WE PROPOSE TO DO AN INSTALLATION AT THE ABOVE PREMISES ZONED AS: New Replacement

Residential Commercial Industrial Institutional Recreational

DESCRIPTION OF INSTALLATION: _____

System Design Criteria:

FOR INSPECTOR USE ONLY

Expected daily volume of effluent: _____ # of Bedrooms: _____

Depth of Water Table if less than 3m from ground surface: _____

Water Supply Detail:

Municipal/Community

Dug Well

Drilled Well

Bored Well

Casting Depth (Feet): _____ Capacity (Gallons): _____

Cistern: Concrete Fibreglass Other _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year. 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 assume responsibility for compliance with the applicable Act and Regulations. For inspections, 48 hours notice is required.

Job Value: _____

Permit Fee: _____

Admin Fee: _____

SCC Fee: _____

Total Permit Fee: _____

Payment: Cheque Cash Interac

Designated SCO Name: _____

Designation #: _____

SCO Signature: _____

OFFICE USE ONLY

The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. Information on this form may be used by the Authority having Jurisdiction.

Permit Holder Signature: _____

Permit Holder Name: _____

Certification Number: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Company Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____