



Onsite Sewage Works Application (Please Print on application)

Application forms that are not complete may result in delays.

Applications, section and appendix references to the Sask. Onsite Wastewater Disposal Guide (Third Edition November 2018) available at www.saskatoonhealthregion.ca (search: sewage).

In compliance with the provisions of *The Private Sewage Works Regulations*, application is hereby made for permission to: Construct Reconstruct Extend Connect the private sewage works on the premises or property of:

| | | | | | |
|------------------------------------|-----------------------------------|-------------|---------|-----------------------------------|-------|
| Sewage Works Installer Information | Sewage Works Installer | | | | |
| | Installer Address (Box #, Street) | | | E-mail Address (preferred option) | |
| | Town/City | Postal Code | Phone # | Cell # | Fax # |

| | | | | | |
|----------------------------|-----------------|-------------|--|-----------------------------------|--------|
| Property Owner Information | Property Owner | | | E-mail Address (preferred option) | |
| | Mailing Address | | | Phone # | Cell # |
| | Town/City | Postal Code | | | |

| | | | | | | |
|----------------------|---------------|------------------|--------------------|-----------------|-------|---------------------------|
| Location Information | RM # | Subdivision Name | Lot | Block OR Parcel | Plan | |
| | AND/OR | | | | | |
| | RM # | Subdivision Name | Section e.g. NE-15 | Township | Range | West of _____ Meridian |

- A** Expected Daily Sewage Volume _____ litres (gallons) # of bedrooms _____ Garborator Yes No
- B** 1. Soil Classification: Yes No **-OR-** Percolation Test _____ minutes per 25 mm (1 inch)
2. Sand fraction size distribution soil test must be conducted for soil classifications containing sand.
- C** Septic Tank Package Treatment Plant
First Compartment working capacity _____ litres (gallons) Manufacturer _____
- D** Disposal Systems:
 Single Compartment Holding Tank _____ litres (gallons) *Part B not required* Manufacturer _____
 Jet Type Disposal *Part B not required*
 Gravity Absorption Field
 Pressure Absorption Field
 Gravity Flow Chamber System
 Pressure Chamber System
 Sewage Mound type I
 Sewage Mound type II
 Enviro Septic System (include sizing information and soil particle count as required by manufacturer) At Grade LFH
 Lagoon Volume _____
- E** Depth to water table from ground surface: greater than 3 meters _____ m (ft) less than 3 meters _____ m (ft)
- F** Size of parcel in hectares / acres: _____
- G** **Detailed Site Plan must be provided** (see page 2)

Fee: \$30.00 (Applications will NOT be processed without complete payment from **the applicant ONLY**. See attached page 3.)

| | | |
|-------------------------------|---------------------|------|
| Applicant Name (please print) | Applicant Signature | Date |
|-------------------------------|---------------------|------|



**This is an application ONLY this is NOT a permit.
Financial Information to be Removed After Receipt of Application**

After completing the payment information below, **FAX** the application to **306-655-4699** OR **EMAIL** the application to **phioc@saskatoonhealthregion.ca**

OR mail application with cheque attached to address below. Include cheque # for cross-reference purposes.

Visa MasterCard Expiry Date: ____/____

Credit Card # _____

Name of Cardholder (as shown on card)

Cardholder Signature

Cheque #_____. (payable to Saskatoon Health Region)

Mailing Address:

Environmental Public Health Department
Population and Public Health
101 – 310 Idylwyld Drive North
SASKATOON SK S7L 0Z2

For Office Use Only

Date:

Received by: