



## APPLICATION TO CONSTRUCT PRIVATE SEWAGE FORM

Community Health Services  
Box 1300  
Rosetown, SK S0L 2V0  
Phone: 306-882-2672  
Ext. 3, Option 3  
Fax: 306-882-6474

**Application must be submitted with payment and approved prior to commencing work.**

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

Location of Installation City, Town or Village		Street		
Lot		Block		Plan
R.M. #	Section	Township	Range	West of _____ Meridian
Sewage Works Installer			Address	
E-mail Address			Town/City	
Phone#		Cell#		
Postal Code				
Permit Applicant		Address		<b>Signature</b>
Phone #		Same as installer <input type="checkbox"/> Same as homeowner <input type="checkbox"/>		
Property Owner			E-mail Address	
Mailing Address		Postal Code		Phone#      Cell#

**PRIVATE SEWAGE WORKS**

- A. Expected Daily Sewage Volume (Litres/gallons) \_\_\_\_\_ # of Bedrooms \_\_\_\_\_
- B. Soil Classification: (attach laboratory test results showing soil texture classification)  
Sand  Loam  Silt  Clay  Sandy/Loam  Other  \_\_\_\_\_
- C. Septic Tank  Holding Tank  Size \_\_\_\_\_ gal/litres. Concrete  Fiberglass  Plastic
- D. Disposal Systems:     Lagoon (storage capacity) \_\_\_\_\_ ft<sup>3</sup>/m<sup>3</sup>     Jet Type Disposal  
 Absorption Field     Gravity Flow Chamber System     Pressure Chamber System  
Chamber/Absorption Field System – lateral # \_\_\_\_\_ trench width \_\_\_\_\_ trench length \_\_\_\_\_ (Size) \_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>  
 Sewage Mound Type I – width \_\_\_\_\_ length \_\_\_\_\_ (size) \_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>  
 Sewage Mound Type II – width \_\_\_\_\_ length \_\_\_\_\_ (size) \_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>
- E. Depth to Water Table if less than 3 m from ground surface \_\_\_\_\_ m
- F. Parcel Size \_\_\_\_\_ ha/acres
- G. **Detailed Site Plan to be provided**

**PERMIT FEES (GST is included in the fees indicated below)**

Private Sewage Works (Permit fee is \$30.00)

Permit Fee \$ \_\_\_\_\_

**NOTE:** A separate permit must be obtained for plumbing works.

**No portion of the Private Sewage Works is to be covered over without an Inspection.**

Forward payment and completed application to:

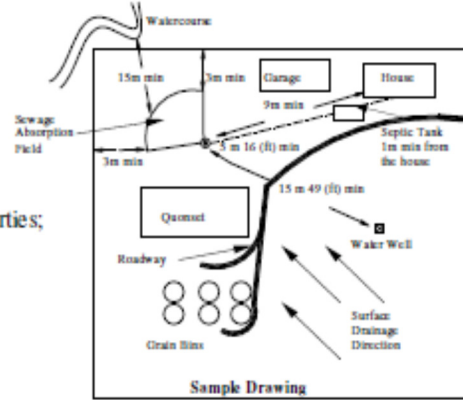
<p><b>Fax or Email</b> Community Services at <b>306-882-6474</b> or <a href="mailto:public.health@hrha.sk.ca">public.health@hrha.sk.ca</a> after completing payment information below:</p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    Expiry Date: ____ / ____</p> <p>Credit Card # _____</p> <p>_____ Name of Cardholder (as shown on card)</p> <p>_____ Cardholder Signature</p>	<p><b>OR</b> mail application with cheque attached to address below. Include cheque # for cross-reference purposes.</p> <p>Cheque # _____ (payable to <b>Heartland Health Region</b>)</p> <p><b>Mailing Address:</b> Community Health Services Public Health Inspectors Box 1300 Rosetown, SK S0L 2V0</p>
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**SITE PLAN DIAGRAM**

**DETAILS TO BE INCLUDED:**

1. Property: size (hectares/acres); dimensions, boundaries
2. Location and distances of the tank and/or private sewage works from:
  - a) all water sources on that property or adjoining properties;
  - b) all buildings on that property or occupied dwelling on adjoining properties;
  - c) all water courses/sources within .5 kilometer;
  - d) all boundaries of that property.
3. Surface drainage direction.

**NOTE: UNLESS EXEMPTED BY THE LOCAL AUTHORITY A PERCOLATION TEST WILL BE REQUIRED. CONTACT YOUR LOCAL PUBLIC HEALTH OFFICER.**



↑ North

**DIAGRAM**

