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Saskatchewan Health Authority

Onsite Sewage {èăúŜϒ Application

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 _____ Garburator ☐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
- ☐ Soil Treatment Field (Other please specify)
- ☐ 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: _____

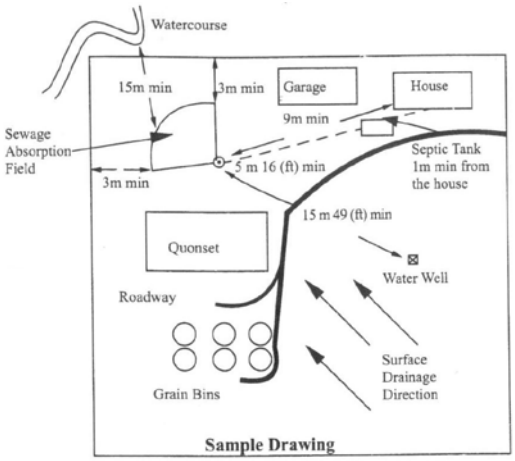
G **Detailed Site Plan must be provided** (*see page 2*)

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

Applicant Name (please print)	**Applicant Signature**	**Date**

Applicant's Name:						
Legal Land Description:	RM#	Subdivision Name	Lot **OR** Parcel	Block	Plan	
	- OR -					
	RM#	Subdivision Name	Section *e.g. NE -15*	Township	Range	West of _____ Meridian

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.
4. **Contractor/installer must be on site at time of inspection.**

North ↑

Diagram

Payment Information

Credit Card Number Expiry Date 3 Digit Code on Back of Card Name on Credit Card

$30 will be charged to your credit card
Do you want your receipt mailed to you? ☐ YES ☐ NO

Methods of payment accepted:

- Visa or Master Card *(email to local office below)*
- Other (*Please contact local office below*)

Office Location	**Telephone**	**Email**
La Ronge	306-425-8512	healthinspectors@pophealthnorthsask.ca
Melfort	306-752-6310	publichealth@kthr.sk.ca
Moose Jaw	306-691-2300	phi@fhhr.ca
North Battleford	1-888-298-0202	PublicHealthInspection@pnrha.ca
Prince Albert	306-765-6600	public.health.inspection@paphr.sk.ca
Regina	306-766-7755	eph.regina@saskhealthauthority.ca
Rosetown	306-882-2672 Ext. 3 then option 3	hhr.publichealthinspection@saskhealthauthority.ca
Saskatoon	306-655-4605	PHIOC@saskatoonhealthregion.ca
Swift Current	306-778-5280	chr.phinspection@saskhealthauthority.ca
Weyburn	306-842-8618	PubHealthInspection@schr.sk.ca
Yorkton	306-786-0600	PublicHealthInquiries@shr.sk.ca