



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		Signature
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) _____ ft³/m³ ☐ Jet Type Disposal
☐ Absorption Field ☐ Gravity Flow Chamber System ☐ Pressure Chamber System
 Chamber/Absorption Field System – lateral # _____ trench width _____ trench length _____ (Size) _____ ft²/m²
☐ Sewage Mound Type I – width _____ length _____ (size) _____ ft²/m²
☐ Sewage Mound Type II – width _____ length _____ (size) _____ ft²/m²
- 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:

Fax or Email Community Services at **306-882-6474** or
public.health@hrha.sk.ca after completing payment
 information below:

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 **Heartland Health
Region**)

Mailing Address:

Community Health Services

Public Health Inspectors

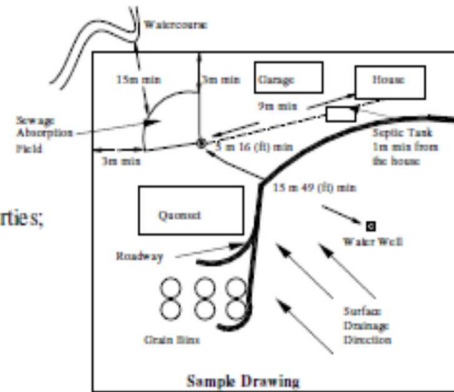
Box 1300

Rosetown, SK S0L 2V0

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