

# Building Permit Application

Permit Label

 Separate permit applications are required for:  Electrical  Plumbing  Gas  PSDS

New Home Buyer Protection Act Registration Number (NHBPA): \_\_\_\_\_

 Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location: Name of Municipality:** \_\_\_\_\_  
 Street or Rural Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Architect and/or Engineer** (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  Basement Dev.  Manufactured Home  RTM (Ready to Move)  
 Secondary Suite  Change of Use/Occupancy  Wood Stove  Deck  Demolition  Other \_\_\_\_\_  
 sq. m.  sq. ft. No. of Stories: \_\_\_\_\_ Building Classification: \_\_\_\_\_  
 Main Area: \_\_\_\_\_  
 2<sup>nd</sup> Floor Area: \_\_\_\_\_  
 Basement Area: \_\_\_\_\_  
 Garage Area: \_\_\_\_\_  
 Developed  Yes  No  
 Detached  Attached

**Detailed Description of Work and/or intended use or occupancy of the building:**

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

\_\_\_\_\_  
 Permit Applicant Name (Please print) Permit Applicant Signature Homeowner's Signature (Homeowner permits only)

**Project Value** (Materials & Labour): \$ \_\_\_\_\_ **Total Developed Area:** \_\_\_\_\_ Sq. Ft

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

**Permit Validation Section to be completed by the Building Safety Codes Officer:** **Inspecting SCO:** \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
 SCO's Name (print or type) SCO's Signature  
 SCO's Designation Number \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

<b>Calgary</b>	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: 403.717.2344	Toll Free Ph: 1.888.717.2344	Fax: 403.717.2340	Toll Free Fax: 1.888.717.2340
<b>Edmonton</b>	14613 – 134 Avenue	T5L 4S9	Ph: 780.489.4777	Toll Free Ph: 1.866.999.4777	Fax: 780.489.4711	Toll Free Fax: 1.866.900.4711
<b>Lethbridge</b>	422 North Mayor Magrath Dr.	T1H 6H7	Ph: 403.320.0734	Toll Free Ph: 1.877.320.0734	Fax: 403.320.9969	
<b>Lloydminster</b>	Unit 2, 1724 – 50 Avenue	T9V 0Y1	Ph: 780.870.9020		Fax: 780.870.9036	
<b>Red Deer</b>	3, 6264 – 67A Street	T4P 3E8	Ph: 403.358.5545	Toll Free Ph: 1.888.358.5545	Fax: 403.358.5085	Toll Free Fax: 1.866.358.5085

# Electrical Permit Application

Permit Label

Other Required Permits:  Building  Plumbing  Gas  PSDS      Supply Service Required:  Yes  No

Permit Type:  Owner  Contractor      Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_      Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location: Name of Municipality:** \_\_\_\_\_  
 Street or Rural Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas

**Type of Work:**  New  Renovation  Addition  Accessory Building  Basement Dev.  Connection Only  Temp Service  Other

**Type of Service:** Amps: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_  U/G  O/H      **Main Floor:** \_\_\_\_\_ sq. ft.  
**2<sup>nd</sup> Floor:** \_\_\_\_\_ sq. ft.  
**Dev. Basement:** \_\_\_\_\_ sq. ft.  
**Garage:** \_\_\_\_\_ sq. ft.  
 Detached  Attached

**Detailed Description of Work:**

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

\_\_\_\_\_  
 Master's Name (Please print)      Master's Signature      Homeowner's Signature (Homeowner permits only)

Master's Certification Number \_\_\_\_\_      *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

**Project Value (Materials & Labour):** \$ \_\_\_\_\_      **Total Developed Area:** \_\_\_\_\_ Sq. Ft

**Permit Fee:** \$ \_\_\_\_\_      **\*SCC Levy:** \$ \_\_\_\_\_      **TOTAL FEE:** \$ \_\_\_\_\_

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method:  Visa  M/C  Debit  Cheque  Cash      Authorization / Cheque Number \_\_\_\_\_

Credit Card #: \_\_\_\_\_      Expiry Date: \_\_\_\_\_      Date of Authorization: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_      Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by the Permit Issuer:**      **Inspecting SCO:** \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
 Permit Issuer's Name (print or type)      Permit Issuer's Signature

Permit Issuer's Designation Number: \_\_\_\_\_      Date of Issue (M/D/Y): \_\_\_\_\_

# Gas Permit Application

Permit Label

Other Required Permits:  Building  Electrical  Plumbing  PSDS

Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location: Name of Municipality:** \_\_\_\_\_  
 Street or Rural Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  Manufactured Home  Temp Heat  Replacement  
**Description of Work:** \_\_\_\_\_

**Type of Gas:**  Natural Gas  Propane Name of Gas Supplier: \_\_\_\_\_  
 # Furnaces: \_\_\_\_\_ # Water Heaters: \_\_\_\_\_ # Fireplaces: \_\_\_\_\_ # Dryers: \_\_\_\_\_ # Boilers: \_\_\_\_\_ # Unit Heaters: \_\_\_\_\_  
 # BBQ's: \_\_\_\_\_ # Ranges: \_\_\_\_\_ # Other Outlets: \_\_\_\_\_ # Secondary Gas Lines: \_\_\_\_\_ **Total # of Outlets:** \_\_\_\_\_  
 BTU Input (Non-residential): \_\_\_\_\_ **Total Developed Area** \_\_\_\_\_

**Propane Tank Sets:**  New  Existing #Tank Sets: \_\_\_\_\_ Tank Size: \_\_\_\_\_  
 Serial Number(s): \_\_\_\_\_

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

\_\_\_\_\_  
 Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (Homeowner permits only)  
 Journeyman's Certification Number: \_\_\_\_\_ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_  
 \*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by Permit Issuer:** **Inspecting SCO:** \_\_\_\_\_  
 Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Permit Issuer's Name (print or type) Permit Issuer's Signature  
 Permit Issuer's Designation Number: \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

# Plumbing Permit Application

Permit Label

 Other Required Permits:  Building  Electrical  Gas  PSDS

 Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location: Name of Municipality:** \_\_\_\_\_  
 Street or Rural Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  RTM (Ready to Move)  Basement Dev.  Connection  Other  
**Description of Work:** \_\_\_\_\_

<b>Plumbing (Insert number of each item):</b>			<b>Total Developed Area</b> _____
# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____	<b>Total # of Fixtures:</b> _____	

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____	Journeyman's Signature _____	Homeowner's Signature (Homeowner permits only) _____
Journeyman's Certification Number _____	<b>Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.</b>	

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_  
 \*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by Permit Issuer:** **Inspecting SCO:** \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Permit Issuer's Name (print or type) _____	Permit Issuer's Signature _____
Permit Issuer's Designation Number: _____	Date of Issue (M/D/Y): _____

# Private Sewage Disposal Permit Application

Permit Label

Other permits that may be required:  Building  Electrical  Gas  Plumbing

Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Installation Date (M/D/Y): \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location:**

**Municipality:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

Unit #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision or Hamlet \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

Directions: \_\_\_\_\_

**System Design Criteria** (complete all applicable items):  **Soil Log Report from two (2) test pits with Soil Analysis Report** (attach copy)

**Expected Volume of Effluent:** \_\_\_\_\_  cubic meters per day  gallons per day  liters per day **Number of bedrooms** \_\_\_\_\_

**Project Type:**  Commercial (Conventional)  Industrial (Conventional)  Residential (Conventional) **Depth to Water Table** \_\_\_\_\_

Commercial (Advanced)  Industrial (Advanced)  Residential (Advanced)  **Work Camp # of Men** \_\_\_\_\_

**SITE EVALUATION DIAGRAM:** Attach a **detailed** site diagram including the system location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information **(AS PER PART 7 OF THE CURRENT PRIVATE SEWAGE STANDARD OF PRACTICE)**.

**Project Information:**  New Installation  Alteration **Description of Work:** \_\_\_\_\_

**Components Used:**  Septic Tank; Working Capacity Size \_\_\_\_\_  Lagoon  Packaged Sewage Treatment Plant

Holding Tank; Size \_\_\_\_\_  Open (surface) discharge  At Grade

Disposal Field; Size \_\_\_\_\_  Treatment Mound; Size \_\_\_\_\_  Sand Filter

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Installer's Name (please print) \_\_\_\_\_ Installer's Signature \_\_\_\_\_ Homeowner's Signature (Homeowner permits only) \_\_\_\_\_

Private Sewage Installer's Certification Number: **PS** \_\_\_\_\_ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

**Permit Fee: \$** \_\_\_\_\_ **\*SCC Levy: \$** \_\_\_\_\_ **TOTAL FEE: \$** \_\_\_\_\_

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by the Plumbing Safety Codes Officer:**

Special Conditions: \_\_\_\_\_

SCO's Name (print or type) \_\_\_\_\_ SCO's Signature \_\_\_\_\_

SCO's Designation Number: \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Private Sewage System Site Evaluation Diagram**

**Legal Description:** \_\_\_\_\_

↑N													<p>Show the proposed location of the onsite sewage system and indicate the distances from the following:</p> <ul style="list-style-type: none"> <li>• trees</li> <li>• floodplains</li> <li>• wells</li> <li>• waste sources</li> <li>• bedrock</li> <li>• outcrops</li> <li>• buildings</li> <li>• property lines</li> <li>• easement lines</li> <li>• ditches or interceptors</li> <li>• banks or steep slopes</li> <li>• fills</li> <li>• driveways</li> <li>• existing sewage systems</li> <li>• underground utilities</li> <li>• soil test pits</li> </ul>
drainage course 	slope direction 	Test Pit 1 <input type="checkbox"/>	Test Pit 2 <input type="checkbox"/>										

**Note:** Additional information is required to be submitted separately for the system design detail.

Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Alberta Private Sewage Treatment System Soil Profile Log Form**

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:						Overall Site Slope %					
						Slope position of test pit					

Test Hole No.	Soil Subgroup			Parent Material		Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)	
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment

Depth to Groundwater:	Limiting Soil Layer Characteristic, describe:
Depth to Seasonally Saturated Soil:	Depth to Limiting Soil Layer:
Limiting Topography:	Depth to Highly Permeable Layer:

Key Limiting Features on System Design:
Weather Condition Notes:
Comments (such as root depth and abundance or other pertinent observations):

Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Alberta Private Sewage Treatment System Soil Profile Log Form**

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:						Overall Site Slope %					
						Slope position of test pit					
Test Hole No.	Soil Subgroup			Parent Material			Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment
Depth to Groundwater:					Limiting Soil Layer Characteristic, describe:						
Depth to Seasonally Saturated Soil:					Depth to Limiting Soil Layer:						
Limiting Topography:					Depth to Highly Permeable Layer:						
Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											