

Onsite Sewage 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
 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**. See page 3)

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

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	306-691-1500	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 2	hhr.publichealthinspection@saskhealthauthority.ca
Saskatoon	306-655-4605	PHIOC@saskatoonhealthregion.ca
Swift Current	306-778-5280	phis@cypressrha.ca
Weyburn	306-842-8618	PubHealthInspection@schr.sk.ca
Yorkton	306-786-0600	PublicHealthInquiries@shr.sk.ca