



# Onsite Sewage Works Application (Please Print on application)

*Application forms that are not complete may result in delays.*

Applications, section and appendix references to the Sask. Onsite Wastewater Disposal Guide (Third Edition November 2018) available at [www.saskatoonhealthregion.ca](http://www.saskatoonhealthregion.ca) (search: sewage).

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	
	<b>AND/OR</b>					
	RM #	Subdivision Name	Section e.g. NE-15	Township	Range	West of _____ Meridian

- A** Expected Daily Sewage Volume \_\_\_\_\_ litres (gallons) # of bedrooms \_\_\_\_\_ Garborator  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 ONLY**. See attached page 3.)

Applicant Name (please print)	Applicant Signature	Date
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**This is an application ONLY this is NOT a permit.  
Financial Information to be Removed After Receipt of Application**

After completing the payment information below, **FAX** the application to **306-655-4699** **OR EMAIL** the application to **[phioc@saskatoonhealthregion.ca](mailto:phioc@saskatoonhealthregion.ca)**

**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 Saskatoon Health Region)

**Mailing Address:**

Environmental Public Health Department  
Population and Public Health  
101 – 310 Idylwyld Drive North  
SASKATOON SK S7L 0Z2

**For Office Use Only**

Date:

Received by: