Saskatchewan Health Authority

R_____
File #_____

Private Sewage Permit 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 the property owner listed below:

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 Disposal System (please check)

☐ Jet Type Disposal	☐ Single Compartment Holding Tank *Volume:* *Manufacturer:*

☐ Gravity Absorption Field	☐ Pressure Absorption Field	☐ Sewage Mound Type I
☐ Gravity Flow Chamber System	☐ Pressure Chamber System	☐ Sewage Mound Type II
☐ At Grade LFH	☐ Soil Treatment Field	☐ Lagoon
☐ Other, please specify:		

If the system is anything other than a Jet Type Disposal or Single Compartment Holding Tank, you MUST provide the Approved Designer information below:

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Approved Designer Information	Approved Designer Name	Registration #
	Designer Contact Information (email/ phone #)	Company Name
	Company Town/City	Company Contact Information (email/phone #)

B Construction Drawing provided ☐ (Construction drawings must be as per Section 6.2.3 of the *Saskatchewan Onsite Wastewater Disposal Guide*)

C Site Evaluation Form provided ☐ (As per Section 6.2.2 of the *Saskatchewan Onsite Wastewater Disposal Guide*)

The application **must** be submitted in full, with all required information and relevant appendices from the *Saskatchewan Onsite Wastewater Disposal Guide* included at the time of submission.

Contractor Declaration

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I certify that the proposed sewage system has been designed in accordance with applicable provincial legislation, regulations, standards, and permit requirements, and will be installed in accordance with the approved design and permit conditions. I further confirm that I have obtained the property owner's authorization to submit this application and carry out the work described herein.

_____

Applicant Name | Applicant Signature | Date

Office use only:

Permission to construct given by_____, on _____.
(Public Health Inspector Signature) (Date)

If applicable:
Inspection completed on _____, by _____.
(Date) (Public Health Inspector)

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Fee: $100.00 (Applications will NOT be processed without complete payment from **the applicant**)

Methods of payment accepted:

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

Payment Information

Name on Card	Credit Card Number	Expiry Date	3 Digit Security Code

$100.00 will be charged to your credit card.
Do you want your receipt mailed to you? ☐ YES ☐NO

Office Location	Telephone	Email
La Ronge	306-425-8512	healthinspectorsfarnorth@saskhealthauthority.ca
Melfort	306-752-6310	publichealth@kthr.sk.ca
Moose Jaw	306-691-2300	phi@fhhr.ca
North Battleford	306-446-6400	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, 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	Sunrise-PublicHealthInquiries@saskhealthauthority.ca