



Private Sewage Treatment Systems for Additions & Renovations - Verification Form

Please complete this form to provide verification that the proposed changes to the existing building can be sufficiently served by the existing private sewage system. If a certified private sewage installer determines that the existing system is not sufficient, alterations to the existing system will be necessary, and a permit will be required

Date (Month/Day/Year): _____ Related Building Permit Number (if applicable): _____

Property Owner Name(s): _____
 Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Cell: _____
 Email: _____

Project Location:

Municipal Address: _____
 Legal Address: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name (if applicable) _____ Lot: _____ Block: _____ Plan: _____
 Directions / Comments: _____

The subject property is serviced by a private sewage treatment system.

It is a **REQUIREMENT** of Rocky View County that:

- 1) **The applicant provides this documentation completed by a certified installer to verify that the existing septic system is sufficient to accommodate the addition of bedrooms and/or increase of load rates.**
- OR**
- 2) **If a certified installer deems the existing system *insufficient* to accommodate the addition of bedrooms and/or increase of load rates, alterations to the existing system will be necessary, and a permit will be required.**

CERTIFIED INSTALLER: Please confirm your findings and complete this form to be brought in by the home owner and/or applicant along with the building permit application. The building permit will not be released until this form is completed and verified by the authority having jurisdiction. Certified Installer information:

Contractor (Company): _____ Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Cell: _____ Email: _____
 Certified Installers ticket #: _____ Installer's Name: _____

I, _____ have inspected the existing private sewage treatment system at the above noted location and have determined that for the **EXISTING** _____ bedrooms, and for the **ADDITION** of _____ bedrooms in the proposed newly developed area: (please check the applicable box below)

- the existing system is sufficient to accommodate the above additional bedrooms and/or load rate
 the existing system is **NOT** sufficient at this time, to properly accommodate the above additional bedrooms and/or load rate and will require a Private Sewage Treatment System Permit. (Please apply for a Private Sewage Permit)

Description of Private Sewage Treatment System that was inspected: _____
 ie. Holding tank & field, etc.

Installer's Signature: _____

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.

FOR OFFICE USE ONLY:

Certified Installer verified with AMA (Alberta Municipal Affairs) Checked by SCT _____
<https://www.alberta.ca/private-sewage-design-tools-and-contractors.aspx>