



# INCIDENT REPORT

## Private Sewage Disposal Systems

FOR AMA OFFICE USE ONLY

Private Sewage File Number:  
\_\_\_\_\_

*This personal information is being collected under the authority of the Safety Codes Act and will be managed in compliance with the Freedom of Information and Protection of Privacy Act.*

### REASON FOR REPORT

Property Damage     
  Health Risk     
  Environmental Damage

### SITE INFORMATION

Date	Time	Municipality	Permit # (if applicable)
Location of Incident – Full Address (Street, City/Town) <b>OR</b> (Sec. Twp. Rge. Mer.)			
Name of Owner (Last, First, Initial)	Address	Postal Code	Phone #
Name of Occupant (Last, First, Initial)	Address	Postal Code	Phone #
Type of Development: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Work camp <input type="checkbox"/> Other: _____ Parcel Size _____			
Type of system: <input type="checkbox"/> Treatment field <input type="checkbox"/> Mound <input type="checkbox"/> LFH at grade <input type="checkbox"/> Open discharge <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other _____			
Cause of Failure: <input type="checkbox"/> Soils assessment <input type="checkbox"/> Hydraulic saturation <input type="checkbox"/> Site evaluation <input type="checkbox"/> Equipment <input type="checkbox"/> Maintenance <input type="checkbox"/> Installation <input type="checkbox"/> Design <input type="checkbox"/> Other _____			
Can Failure Be Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____			
New Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			

### INSTALLER

Name	Address Code	Postal	Phone #	Certification #
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### DESIGNER

Name	Address Code	Postal	Phone #	Certification #
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**\*Include a brief description of incident or unsafe condition.**

Photographs attached:  Yes    No

Permit Package attached:  Yes    No

**Forward copy and supporting documents to:**

Alberta Municipal Affairs, Private Sewage Administrator

16<sup>th</sup> Floor, 10155–102 Street, Edmonton AB T5J 4L4, Phone: 1-866-421-6929, Fax: 780-427-8686, E-mail: safety.services@gov.ab.ca

[Empty rectangular box for report content]

*\*\* This information is being collected and reported in compliance with the requirements of the Safety Codes Act -Administrative Items Regulation, Section 14.*

**REPORTED BY**

Name (Print)	E-mail address	Phone #
SCO Number (if applicable)	Date report submitted	Signature

**Forward copy and supporting documents to:**  
Alberta Municipal Affairs, Private Sewage Administrator  
16<sup>th</sup> Floor, 10155-102 Street, Edmonton AB T5J 4L4, Phone: 1-866-421-6929, Fax: 780-427-8686, E-mail: [safety.services@gov.ab.ca](mailto:safety.services@gov.ab.ca)