Government of Newfoundland and Labrador
Environment, Climate Change and Municipalities
Water Resources Management Division

Instructions: All applicants must complete items 1-11. Complete sections 12-17 as applicable. This form along with the Fee Schedule and drawings must be sent to the appropriate regional office. For projects located in the Central, Western and Labrador regions, a duplicate submission must be sent to the St. John's office, Attention Ms. Deneen Spracklin, P. Eng. No duplicate submission is required for projects located in the Eastern region. For more direction on the regulatory review process, refer to Section 1 of the *Guidelines for the Design, Construction and Operation of Water and Sewerage Systems*.

Notice: Please be advised that, in accordance with Government's Proactive Disclosure Initiative, your permit will be posted online subject to any exceptions to disclosure provided under the *Access to Information and Protection of Privacy Act, 2015*.

A. General

As required under Sections 36, 37 and/or 48 of the *Water Resources Act*, SNL 2002, cW-4.01, the undersigned as owner or agent do hereby apply for your permission for the construction and installation of:

1. _____

2. Name & address of proponent (**owner)** including contact person:_____

   _____

3. **Email address of proponent** (owner):_____

4. Location of project:_____

5. Project description:_____

6. Predesign report: Year: _____ Author:_____

7. Total service population: To date:_____ This project:_____ Future:_____

8. Status of units for servicing:

Type	**No. to date**	**This project**	**Future**
House	_____	_____	_____
School	_____	_____	_____
Medical Institution	_____	_____	_____
Industrial	_____	_____	_____
Other (specify)	_____	_____	_____

   Number of units for water service only:_____ **Sanitary survey conducted:**_____

9. Permit Fee Submitted: $_____ Cheque #: _____

10. Date:_____ Signature:_____
    (If signed by an agent, attach written authorization duly executed by owner)

11. **Email address of Engineering Consultant** (agent):_____

B. Water System

12. **Details of Water Source and Distribution System**

Source: _____

Available yield: _____ (m^3/day) Source Reservoir Storage: _____ (m^3)

Type (gravity or pumped): _____

Bacteriological condition of source: _____ Testing results submitted: _____

Chemical/physical water quality of source: _____ Testing results submitted: _____

Treatment proposed : _____ (Complete Section 11)

Type of disinfection proposed: _____ Contact time provided: _____ (min.)

Future flows: estimated _____ (m^3/day) Present demand: estimated or metered (circle) _____ (m^3/day)

Distribution system storage proposed (type): _____ Volume: _____ (m^3)

Location of tank (Lat/Long): _____

Tank dimensions (w/l/h, h/d): _____ Tank Fill Rate: _____ (L/s)

Tank foundation elevation (m): _____ Max tank water level (m): _____ Min tank water level (m): _____

Expected tank residence time: _____ Tank mixing system: _____ Chlorination booster: _____

Estimated line pressure: _____ (kPa) Fire flows proposed: _____ Hydrants for this project: _____

Noted problems: _____

_____

13. **Water Treatment Plants**:

Treatment Objective: _____

Treatment process proposed (e.g. conventional, membrane, etc.): _____

Plant capacity: _____ (m^3/day) Maximum daily demand: _____ (m^3) Design period: _____ (yrs) Storage: _____ (m^3)

Pretreatment: _____

Process description: _____

_____

Disinfection: Chlorination □ UV □ Other _____

Corrosion control proposed: Soda ash □ Lime □ Soda ash/lime combination □ Other: _____

Estimated sludge production: _____ (m^3/year) Sludge disposal: _____

Testing facilities at plant: _____ Sanitary facilities: _____

Backflow prevention device(s) proposed: _____

Comments/other details: _____

_____

C. Wastewater System

14. **Sanitary Sewers**:

Sewage characteristics:	Domestic	Schools	Institutional	Industrial	Other
% of total					
BOD_5 (mg/l)					
TSS (mg/l)					

Technical study completed (if yes, study name and date): _____

Proposed sewer flows: _____ (l/s) Capacity of receiving sewer _____(l/s) Condition of receiving sewer: _____

Storm water problems: _____

Location of new outfall (Lat/Long) _____

Length of outfall from last manhole: _____ (m) Depth of water cover over outfall pipe at LNT: _____ (m)

Serviced area: _____ (Ha) Total flow: _____ (m^3/day)

Outfall area description: (pond/river/harbour/ocean, dispersion, dilution, tidal action, prevailing winds, etc.)

_____

_____

_____

_____

Existing or potential problems (shoreline impacts, fisheries impacts, damaged outfall, etc.)

_____

_____

_____

_____

15. **Sewage Lift Stations** Number: _____ Type (wet/dry/suction lift) _____

Capacity of each (l/s) ____ _____ _____ Estimated load on each (l/s) _____ _____ _____

Location of new or upgraded lift station (Lat/Long): _____

Is there an overflow on the new or upgraded lift station (yes/no): _____

Provisions for electrical/mechanical failure _____

_____

16. **Wastewater Treatment Plants**:

Treatment process proposed (e.g. activated sludge, fixed film, etc.): _____

Plant capacity: Hydraulic _____ (m^3/day) Organic BOD_5 _____ (kg/day) TSS _____(kg/day)

Plant loading: Hydraulic: Average _____ (m^3/day) Peak: _____ (m^3/day)

Organic: _____ (kg/day BOD_5) Industrial loading:_____ (kg/day BOD_5) TSS _____(kg/day)

Included components (check):

Pre/Primary: Bar screen □ Grit chamber □ Comminutor □ Microscreening □ Primary clarifier □

Secondary: Extended aeration □ Contact stabilization □ Sequencing batch reactor □ Aerated lagoon □

Wetland □ Rotating biological contactor □ Other _____

Disinfection: Chlorination/dechlorination □ UV □ Other _____

Estimated sludge production _____ (m^3/year) Sludge digestion: Aerobic □ Anaerobic □ None □

Sludge disposal _____

Provision for winter operation (enclosure, etc.) _____

Testing facilities at plant _____ Sanitary facilities _____

Potable water provided: Yes □ No □ If yes, backflow prevention device(s) proposed: _____

Proximity to residential/recreational areas: _____

Discharge location & area description: (pond/river/harbour/ocean, dispersion, dilution, tidal action, prevailing winds, etc.)

_____

_____

_____

_____

Existing and potential problems (shoreline impacts, fisheries impacts, damaged outfall, etc.)

_____

_____

_____

_____

D. Alterations to a Water Body

17. **Pipelines Crossing Streams**

Included on drawings (check) General site plan □ Cross-sectional plan □ Profile □

Location: (Lat/Long) _____

Channel slope _____ Depth below stream bed _____ (m)

Physical description of stream bottom:

Material type: Clay □ Sand □ Gravel □ Cobble □ Boulder □

Presence of vegetation: None □ Sparse □ Moderate □ Heavy □

Particle size: _____ (mm) Depth to bedrock: _____ (m) Manning=s n: _____

Hydraulic description:

Minimum flow: _____ (m^3/s) Minimum velocity: _____ (m/s)

Maximum flow:_____ (m^3/s) Maximum velocity:_____ (m/s)

Construction Details (include method of dewatering, diversion, etc.)

_____

_____

_____

_____

If additional details are needed on the required information, please contact Deneen Spracklin, P. Eng. at (709) 729-1158 or dspracklin@gov.nl.ca