

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 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: _____ (m³/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 _____ (m³/day) Organic BOD₅ _____ (kg/day) TSS _____ (kg/day)

Plant loading: Hydraulic: Average _____ (m³/day) Peak: _____ (m³/day)

Organic: _____ (kg/day BOD₅) Industrial loading: _____ (kg/day BOD₅) 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 _____ (m³/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.)

The application must be forwarded to the appropriate personnel within the Department of Environment & Climate Change accompanied by the appropriate fee.

The completed application must be submitted to:

Department of Environment & Climate Change

Water Resources Management Division - Community Water & Wastewater Group

For applications including Gambo and east, please contact:

Eastern Region – Genny DeCoste

P.O. Box 8700, St. John's, NL, A1B 4J6

Tel: (709)729-2558

Email: GennyDeCoste@gov.nl.ca

For applications west of Gambo including Labrador, please contact:

Western Region – Chris Blanchard

P.O. Box 2006, Corner Brook, NL, A2H 6J8

Tel: (709) 637-2034

Email: cblancha@gov.nl.ca

Please ensure that all application emails are copied to the following:

Victoria Pelley, P.Eng.

P.O. Box 8700, St. John's, NL, A1B 4J6

Tel: (709) 729-7634

Email: victoriapelley@gov.nl.ca

If additional details are needed on the required information, please contact:

Victoria Pelley, P. Eng. at (709) 729-7634 or victoriapelley@gov.nl.ca.