

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: \_\_\_\_\_ ( $\text{m}^3/\text{day}$ )    Source Reservoir Storage: \_\_\_\_\_ ( $\text{m}^3$ )

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 \_\_\_\_\_ ( $\text{m}^3/\text{day}$ )    Present demand: estimated or metered (circle) \_\_\_\_\_ ( $\text{m}^3/\text{day}$ )

Distribution system storage proposed (type): \_\_\_\_\_ Volume: \_\_\_\_\_ ( $\text{m}^3$ )

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: \_\_\_\_\_ ( $\text{m}^3/\text{day}$ )    Maximum daily demand: \_\_\_\_\_ ( $\text{m}^3$ )    Design period: \_\_\_\_\_ (yrs)    Storage: \_\_\_\_\_ ( $\text{m}^3$ )

Pretreatment: \_\_\_\_\_

Process description: \_\_\_\_\_

\_\_\_\_\_

Disinfection: Chlorination ☐    UV ☐    Other \_\_\_\_\_

Corrosion control proposed: Soda ash ☐    Lime ☐    Soda ash/lime combination ☐    Other: \_\_\_\_\_

Estimated sludge production: \_\_\_\_\_ ( $\text{m}^3/\text{year}$ )    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 <sub>5</sub> (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<sup>3</sup>/day)

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

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

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### 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 \_\_\_\_\_

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16. **Wastewater Treatment Plants:**

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

Plant capacity: Hydraulic \_\_\_\_\_ (m<sup>3</sup>/day) Organic BOD<sub>5</sub> \_\_\_\_\_ (kg/day) TSS \_\_\_\_\_ (kg/day)

Plant loading: Hydraulic: Average \_\_\_\_\_ (m<sup>3</sup>/day) Peak: \_\_\_\_\_ (m<sup>3</sup>/day)

Organic: \_\_\_\_\_ (kg/day BOD<sub>5</sub>) Industrial loading: \_\_\_\_\_ (kg/day BOD<sub>5</sub>) 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<sup>3</sup>/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.)

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

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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](mailto: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) 637-2542

Email: [cblancha@gov.nl.ca](mailto: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](mailto: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](mailto:victoriapelley@gov.nl.ca).**