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:

<table>
<thead>
<tr>
<th>Type</th>
<th>No. to date</th>
<th>This project</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Institution</td>
<td></td>
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<tr>
<td>Industrial</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________ (m³/day)  Source Reservoir Storage: ___________________________ (m³)

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 __________________________ (m³/day)  Present demand: estimated or metered (circle) __________________________ (m³/day)

Distribution system storage proposed (type): __________________________ Volume: __________________________ (m³)

Location of tank (Lat/Long): __________________________________________

Tank dimensions (w/l, 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: _______ (m³/day)  Maximum daily demand: _____ (m³)  Design period: _____ (yrs)  Storage: _______ (m³)

Pretreatment: ______________________________________________________

Process description: ________________________________________________

Disinfection: Chlorination □  UV □  Other __________________________

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

Estimated sludge production: ___________ (m³/year)  Sludge disposal: __________________________

Testing facilities at plant: __________________________  Sanitary facilities: __________________________

Backflow prevention device(s) proposed: __________________________________________

Comments/other details: ________________________________________________

____________________________________________________________________
### C. Wastewater System

#### 14. Sanitary Sewers:

<table>
<thead>
<tr>
<th>Sewage characteristics:</th>
<th>Domestic</th>
<th>Schools</th>
<th>Institutional</th>
<th>Industrial</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOD₃ (mg/l)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>TSS (mg/l)</td>
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</tbody>
</table>

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.) _________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
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=sn:  

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