Saskatchewan Ministry of Environment

Application For a Permit to Operate a Hygienic Use Waterworks

EPB 279 Dec/07

This form details the information to be submitted by any person wishing to obtain a Hygienic Use Waterworks Permit. This application form has been prepared to gather sufficient information to determine whether a permit alteration under section 34 of The Environmental Management and Protection Act, 2002 (EMPA) will be issued for hygienic use status for a waterworks that existed prior to the coming into force of The Water Regulations, 2002, on December 5, 2002.

Waterworks owners seeking to obtain approval to operate a hygienic use waterworks should also refer to Ministry of Environment's fact sheet entitled Hygienic Water Use EPB 232 to gain a better understanding of the potential application and requirements pertaining to such waterworks. This fact sheet is available on-line at http://saskh2o.ca/DWBinder.asp under Tab 14. It is also suggested that waterworks owners seeking approval contact the Environmental Project Officer responsible for the regulation of the waterworks in advance of submission of this application.

Certain information is to be submitted as part of an application for a permit to operate a hygienic use waterworks. If your community has already recently submitted Section B of this application form, then Section A only needs to be completed. Otherwise ensure that each section of the application is completed in a concise and clear manner. Once completed the application must be forwarded to the Environmental Protection Branch Office as noted below.

Waterworks system can include a water well or surface water intake, off-stream storage reservoir, water supply line, water treatment plant, storage, pumping and distribution systems and pipelines.

Estevan EPB Office PO Box 5000, 1302 3rd St. Estevan SK S4A 0S1 Phone: (306) 637-4604 Fax: (306) 637-4603	**Melville** EPB Office 256 2nd Ave. W., Box 2170 Melville SK S0A 2P0 Phone: (306) 728-7492 Fax: (306) 728-7447	**Prince Albert** EPB Office PO Box 3003 Prince Albert SK S6V 6G1 Phone: (306) 953-3369 Fax: (306) 953-2502	**Watrous** EPB Office PO Box 1128 403 Main Street Watrous SK S0K 4T0 Phone: (306) 946-3233 Fax: (306) 946-3221
La Ronge EPB Office PO Box 5000 La Ronge SK S0J 1L0 Phone: (306) 425-4581 Fax: (306) 425-2580	**Moose Jaw** EPB Office 206-110 Ominica St. W. Moose Jaw SK S6H 6V2 Phone: (306) 694-3586 Fax: (306) 694-3743	**Regina** EPB Office 3211 Albert Street Regina SK S4S 5W6 Fax: (306) 787-0197 Phone: (306) 787-6504	**Yorkton** EPB Office 120 Smith Street Yorkton SK S3N 3V3 Fax: (306) 786-5716 Phone: (306) 786-1424
Meadow Lake EPB Office Unit 1 – 101 Railway Place Meadow Lake SK S9X 1E6 Fax: (306) 236-7677 Phone: (306) 236-7645	**Moose Mountain** EPB Office 3211 Albert Street Regina SK S4S 5W6 Phone: (306) 787-8252 Fax: (306) 787-0197	**Saskatoon** EPB Office 102-112 Research Drive Saskatoon SK S7K 2H6 Phone: (306) 933-8367 Fax: (306) 933-8442	
Melfort EPB Office PO Box 6500 107 Crawford Avenue E. Melfort SK S0E 1A0 Phone: (306) 752-6129 Fax: (306) 752-6218	**North Battleford** EPB Office 108-1146 102nd St. North Battleford SK S9A 1E9 Fax: (306) 446-7464 Phone: (306) 446-7683	**Swift Current** EPB Office 350 Cheadle Street West Swift Current SK S9H 4G3 Fax: (306) 778-8212 Phone: (306) 778-8685	

Application Table Of Contents

Section A – Hygienic Use Application

Subsection I: Administrative Information

1. Name of the Municipality/Company for which the Permit is being applied:

_____

2. Name and Address of the Owner (Municipality/Commission/Company):

Name:_____

Address: _____

_____

Contact Person: _____Position _____

Telephone: _____ Fax: _____

3. Operating staff and person(s) responsible for the day to day operation of the waterworks system

Name	Position	Certification		Contact Telephone Number
		Number	Class	

4. Permit to Operate **Number** for this Facility: _____

   Expiry Date of the Permit: _____ Permit Holder:_____

Subsection II: Hygienic System Operation

1. What is the current population served by the waterworks? _____.
2. How many service connections are still in use and served by the Waterworks? _____.
3. Are there any places of public assembly such as town halls, sports arenas, schools, hospitals, motels/hotels, restaurants or similar facilities served by the waterworks? Yes___ No___ If Yes please provide some detail and the specifics with the facilities alternative supply of safe drinking water.

   _____

   _____
4. What is the proposed method of providing an alternative means of safe drinking water to the individuals served by the present waterworks? (i.e. centralized water treatment dispenser, point of use treatment, bottled water drop-off, other)

   _____

   _____
5. Is there a service agreement in place between the supplier of the centralized water treatment equipment/point of use treatment equipment to ensure the equipment is maintained and functioning properly?_____
6. If no service agreement is in place what steps will be taken to ensure the equipment is functioning properly?_____
7. If a bottled water supply is proposed, where will the water drop off be and how will residents access the bottled water? _____
8. How will costs be recouped for expenditures on bottled water or point of use/centralized water treatment equipment?_____
9. What unattainable water quality objective or inadequate treatment issue is prompting the application for Hygienic status? _____

   _____

Subsection III: Signature Page

The sections of *The Environmental Management and Protection Act, 2002* and *The Waterworks Regulations, 2002* that are of particular relevance to waterworks system are:

i) *The Environmental Management and Protection Act, 2002* Part 4, Division 1 (Regulation of Water Quality)
ii) *The Environmental Management and Protection Act, 2002* Part 4 Division 2 (Drinking Water - Waste Water)
iii) *The Water Regulations, 2002* Part V (Waterworks)

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, this information is true, complete and accurate.

_____ _____

Printed Name of Person Signing Title

_____ _____

Address Postal Code

_____ _____

Telephone Number Fax Number

_____ _____

Date of Application Signature

Section B – General Waterworks Information

Note: If General Waterworks Information in Section B has been submitted in a previous application form for a permit to operate a Human Consumptive Water System, these subsections do not need to be completed or resubmitted.

Subsection I: Waterworks System (Technical Data)

1. Please provide details on flows from the water treatment system.

Flows	Average Daily Flow	Maximum Daily Flow	Peak Hourly Flow
Current			
Design			

2. Are there any other municipality(ies), development(s) or commissions/companies outside the municipal boundaries obtaining water from the waterworks system (other than truck haul)? Yes _____ No ____ If yes, please provide a complete list and address with name of contact person and approximate annual flows or population.

Name	Contact Person	Phone No.	Annual Flow or Population

3. Are there any truck fill stations? Yes _____ No_____. If yes, how many? _____.
   Are the truck fill stations metered? Yes _____ No_____. Average monthly flows _____
   Do the truck fill stations have backflow prevention devices? Yes _____ No_____.

4. Raw Water Supply:
   - ❑ Surface supply: Name of source _____
   Point of diversion: LSD ____ SEC___ TWP ____ RG ____ M____
   Latitude: _____ Longitude: _____
   Intake location: _____
   - ❑ Raw water pump house location: _____ On stream: _____Off stream: _____
   Saskatchewan Watershed Authority Licence to Divert No.: _____ Date issued: _____
   - ❑ Raw water pumping (please complete the following table).

Unit	Power Rating (kw) (1Hp = 0.745 kw)	Capacity (L/S)

- ❑ Groundwater source (please complete the following table).

Water Rights Licence No.	Well No.	Legal Description Sec-Twp-Rge-Mer.	Date Well Came Into Production Month/Year	Well Completion Depth (m)	Intake Depth (m)	Present Annual Water Use (m^3) per Year	Production Rate (L/s)	Rated Pump Capacity (L/s)
			/					
			/					
			/					

5. Number of raw water storage reservoirs

Location	Approximate Useable Capacity m^3	Type On-stream or Off-stream, Etc.	How Often is it Filled and When
Total Capacity			

- ❑ Are the raw water reservoirs aerated? Yes _____ No _____
  If yes, please identify which ones and method of aeration: _____
- ❑ Intake from reservoir (fixed or adjustable) _____
- ❑ Method of algae control if any _____

6. Water Metering **-** Please list all flow monitoring locations:

a) Monitoring in the Treatment Process:

- ❑ Raw water monitoring location:_____
  _____
- ❑ Treated water monitoring location: _____
  _____
- ❑ Other monitoring location: _____
  _____

b) In the distribution system (i.e. residential, commercial, industrial, public/government or any combination of):

_____

_____

Please list all sampling locations for bacteriological, turbidity and chlorine residual (within the treatment process):

_____

_____

7 Water Treatment:

Legal Land description of the water treatment plant: Lots_____ Block/Parcel_____ Plan_____ and/or
Legal land description of the water treatment plant: LSD ___ Sec ___ Tp ___ Rg ____W ___ M ___; or other (i.e. street address):

_____

Please identify the level of treatment at the water treatment plant:

- ❑ No treatment: _____
- ❑ Disinfection only method: _____
- ❑ Aeration Type of aeration: _____
- ❑ Filtration: _____
- ❑ Number of filters: _____
- ❑ Filter media _____
- ❑ Iron removal: _____
- ❑ Manganese Removal: _____
- ❑ Other specify: _____
- ❑ Conventional treatment process: _____
- ❑ Pre-oxidation method: _____
- ❑ Flocculation: _____ Number of flocculants: _____ Velocity gradient #1 _____ #2_____
- ❑ Clarification/Sedimentation: _____

Number	Design Capacity	Retention Time	Volume	Rise Rate

- ❑ Filtration Number of filters _____Type of filter _____Filter media: _____

Filter	Filter Media	Surface Area	Design Loading Rate m/hr

8. Inventory of chemicals used. (Please identify all the chemicals used seasonally or continuously, including chlorine as a pre-oxidant or disinfectant)

Chemical Name	Months used / Continuous	Its Purpose	Point of Injection

9. Disinfection (chlorine gas, sodium hypochlorite, calcium hypochlorite, ozonation, chlorine dioxide, ultra violet, others)

Type: _____ Point of application: _____

Disinfection contact time at design flows prior to entering distribution: _____

10. Fluoridation: Yes: _____ No: _____

Type of chemical: _____ Chemical supplier: _____

Bylaw No.: _____ Date passed: _____

11. Other treatment (please provide details and design criteria)

_____

_____

_____

12. Disposal and handling of wastewater from plant

Type of Waste Stream	Method of Disposal	Monitoring
Clarifier Blow down		
Lime Sludge		
Filter Backwash		
Filter to Waste		
Other (Specify)		

Subsection II Treated Water Distribution System

1. Treated Water Storage Reservoir: Total volume of treated water storage _____ (m^3)

No.	Elevated, Surface, or Underground	Construction Material	Volume (m^3)	Location (Street address, legal land description)

2. Treated Water Pumping

Unit	Power Rating (kw) (1HP = 0.745 kw)	Capacity (L/s)

3. Treated Water Distribution Pumps

Unit	Power Rating (kw) (1HP = 0.745 kw)	Capacity (L/s)

4. Emergency Pumping: Total capacity of emergency pumps _____ (L/s)

Unit	Power Rating (kw) (1HP = 0.745 kw)	Capacity (L/s)

Subsection III: Overall Review of the Waterworks System

Note: The extent of information required would depend on the applicant's circumstance to ensure they have adequately addressed each issue. It is important that it be as clear and concise as possible. The suggested format for submission of the required information should be followed.

Table 1: Permit Application Information Requirement

Information Requirement	Comments and Suggested Format
1. A brief description of the waterworks system to meet future demands.	The applicant should address the following: • quality and quantity of the raw water supply source to meet long term demand; • an outline of water conservation programs, if any, to control excess water use.
2. A description of the wastestreams discharged from the water treatment plant, if any and any possible impact.	Quality and quantity of the waste streams discharged should be identified, including any environmental impact which may be experienced by the disposal method of the water treatment wastes.
3. A copy of the Permit for which a renewal is being requested and a summary of the past performance of the system in relation to that Permit.	This provides information on how well the system has been performing in relation to Permit requirements. It is suggested a table be prepared that lists each Permit requirement, actual performance/compliance related to that requirement and any comments that are relevant.
4. Any problems or complaints regarding the system during the previous Permit period and how they have been handled.	Problems or complaints with the existing system will be a factor in determining if the Permit should be granted. In general, it is expected that every effort will be made to correct and prevent system performance problems and that complaints will be followed-up and addressed in a timely and appropriate manner.
5. Any emergency response plans the applicant has to deal with any possible major problems/failures that could occur to the waterworks system.	If the applicant has a formal emergency response plan a copy should be submitted with the application. In the absence of such a plan, the applicant should briefly outline the procedure that would be followed in the event of major problems with the waterworks system such as: • water shortage, raw water quality problems, treatment plant problems (alternative water supply source should be identified and assessed); and • high coliform counts, low chlorine residual.