

Application to Issue, Amend, Alter or Cancel a Permit to Operate a Waterworks

EPB 226 Jan 2019

This form and guideline details the information to be submitted by any person wishing to obtain a Permit to Operate a Waterworks or seeking to cancel, amend, alter or suspend their current Permit to Operate a Waterworks. This application form has been prepared in accordance with section 27(1) and 28(8) of *The Environmental Management and Protection Act, 2010 (EMPA)* for the issuance of a Permit under Section 27(2), or the cancelation, amendment, alteration of an existing Permit to Operate a Waterworks in accordance with Section 28(9).

The sections of *The Environmental Management and Protection Act, 2010* and *The Waterworks and Sewage Works Regulations, 2010* that are of particular relevance to waterworks system are:

- i) *The Environmental Management and Protection Act, 2010-Part 4*
- ii) *The Environmental Management and Protection Act, 2010-Part 5*
- iii) *The Waterworks and Sewage Works Regulations, 2010-Part 4*

The application must be completed and forwarded to the local Environmental & Municipal Management Services Division Office, attention Environmental Project Officer (E.P.O.), at least 60 days prior to the expiry date of the existing Permit for the waterworks or at least 60 days prior to the commissioning of a new or significantly altered waterworks.

Environmental and Municipal Management Services Division Offices

Meadow Lake Office #1, 101 Railway Place P.O. Box 607 Meadow Lake SK S9X 1Y5 Fax: (306) 236-0474	Melville Office 256 2 nd Ave. West P.O. Box 2170 Melville SK S0A 2P0 Fax: (306) 728-7504	Prince Albert Office 800 Central Ave. P.O. Box 3003 Prince Albert SK S6V 6G1 Fax: (306) 953-3939	Swift Current Office 306-350 Cheadle Street West Swift Current SK S9H 4G3 Fax: (306) 778-8271
Nipawin Office 201-1 st Ave. East P.O. Box 2133 Nipawin SK S0E 1E0 Fax: (306) 862-1771	Moose Jaw Office 400-111 Fairford Street East Moose Jaw SK S6H 7X9 Fax: (306) 694-3105	Regina Office 420-2365 Albert Street Regina SK S4P 4K1 Fax: (306) 787-0780	Watrous Office 403 Main Street P.O. Box 1128 Watrous SK S0K 4T0 Fax: (306) 946-3232
Yorkton Office 120 Smith Street East Yorkton SK S3N 3V3 Fax: (306) 786-1495	North Battleford Office 402-1101 101 st St. North North Battleford SK S9A 0Z5 Fax: (306) 446-7507	Saskatoon Office 101-108 Research Drive Saskatoon SK S7N 3R3 Fax: (306) 933-6820	

If this is an application to operate a waterworks regulated by the Ministry of Environment (Industrial or Mining Facilities) applications are to be submitted through the following portal <https://envonline.gov.sk.ca/login/>

Section I: Administrative Information

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

Name: _____

Address: _____

Contact Person: _____

Position: _____

Telephone: _____

Fax: _____

Current Population: _____

Number of Service Connections: _____

Section II: Type of Permit Application

Permit To Operate a Waterworks (Human Consumptive)

Permit to Operate a Hygienic Waterworks

Section III: Purpose for Application

New Waterworks

Permit to Construct Number: _____

Transfer From Ministry of Health

Premise Number: _____

Extension/Renewal Application

Permit to Operate Number: _____

Expiry Date: _____

Has system been modified: _____

Alter/Amendment of Permit

Permit Number: _____

Purpose for Altering Permit: _____

Cancel Permit

Permit Number: _____

Purpose for Cancelling Permit: _____

Section IV: Waterworks System Information

A) Location of Waterworks:

ISC Parcel Number	Land Description	Registered Owner	Applicant's Interest in Land

B) Raw Water Supply:

Surface Water Supply:

Name of source: _____

GUDI (Ground Water Under the Direct Influence of Surface Water)

Ground Water Supply

Pipeline

Name of source: _____

➤ Water Rights Licence Number (required):

C) Remote Monitoring:

No Remote Monitoring

Remote Monitoring/Process Control

Please Describe: _____

Section V: Hygienic System Requirements

Alternative Means of Safe Drinking Water

Detail: _____

Places of Public Assembly

Details: _____

Purpose for Applying for Hygienic Status

Details: _____

Section VI: Signature

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