

Application to Issue, Amend, Alter or Cancel a Permit to Operate a Sewage Works

EPB 268 Jan 2019

This form and guideline details the information to be submitted by any person wishing to obtain a Permit to Operate a Sewage Works or seeking to cancel, amend, alter or suspend their current Permit to Operate a Sewage Works. 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 cancellation, amendment, alteration of an existing Permit to Operate a Sewage Works 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 sewage works 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 2*

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 sewage works or at least 60 days prior to the commissioning of a new or significantly altered sewage works.

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 sewage works 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 Sewage works (Municipality/Commission/Company):

Name: _____

Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Fax: _____

Current Population: _____ Number of Service Connections: _____

Section II: Purpose of Application

- New Sewage Works
 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 III: Sewage Works System Information

A) Location of Sewage Works:

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

B) Type of Wastewater Treatment:

- Mechanical Treatment
 Discharge location: _____

Method of discharge: _____

Does the discharge reach fish bearing water: _____

Continuous or Intermittent Discharge: _____
- Facultative Lagoon
 Discharge location: _____

Method of discharge: _____

Does the discharge reach fish bearing water: _____

Continuous or Intermittent Discharge: _____
- Evaporation Lagoon
 Number of Discharges in past permitting period: _____

C) Lagoon Design:

Cell	Maximum Water Depth (m)	Volume of Cell (m ³)	Surface area of Cell (ha)	Design Retention Time (Days)

D) Remote Monitoring:

No Remote Monitoring

Remote Monitoring

Please Describe: _____

E) Does the storm water system interconnect with wastewater collection system?

No

Yes

Please Describe: _____

F) Is waste from sources outside the municipal boundaries discharged or hauled into this system?

No

Yes

Please Describe and estimated Volumes: _____

Section V: 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