



PROVIDING MORE

## **Permit to Release Application**

EPCOR Water Services Inc.

EPCOR Drainage Services and Wastewater Treatment Bylaw 19627, as amended

**RETURN TO:**

Drainage Operations

9504 - 49 Street NW

Edmonton, AB T6B 2M9

Tel: (780) 509-8067

[drainagepermits@epcor.com](mailto:drainagepermits@epcor.com)

**GENERAL INSTRUCTION:**

This is a general application form. You may enter N/A (not applicable) if any section of this application is not related to your project.

This application is not completed until all the required information has been received by Drainage Operations.

Please refer to Schedule 2, Article 1 of the EPCOR Drainage Services and Wastewater Treatment Bylaw 19627 for definitions.

If you do not have an answer for the requested information, indicate so and explain why.

**It may take one week or longer before a permit can be issued. Please submit your application at your earliest possible time.**

Submission of an application does not guarantee a permit. Where a permit is required as per Bylaw 19627, no water shall be released before a permit is issued.

Should you require assistance in completing this application, please contact Drainage Operations at 780-509-8067.

Provide any site diagrams, process flow diagrams, wastewater analytical results before and after pre-treatment and any other relevant information to aid in processing the application.

There is a yearly application fee to which is not refunded should the permit be denied. Permits are issued for one year.

**For Office Use Only:**

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Application Completed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Permit Required: Yes  No 

Draft Permit Completed: \_\_\_\_\_

Feedback Received: \_\_\_\_\_

Final Permit Completed: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Permit Bill Date: \_\_\_\_\_

Transmission &amp; Treatment: \_\_\_\_\_

**Section A: Administration Information**Company/Organization Name:  

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Address:  

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City/Province/Postal Code:  

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Owner/Representative:  

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Telephone:  

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Email Address:  

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**Billing Information**

Method of invoice delivery:

 Mail EmailP.O. Number or Cost Centre to be invoiced if applicable:  

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Company/Organization/Person Name:  **Same as above**  

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Address:  

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City/Province/Postal Code:  

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Telephone:  

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Email Address:  

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**Section B: General Information**

Facility Name:

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Site Address:

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City/Province/Postal Code:

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Contact Person/Title:

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Telephone:

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Email Address:

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**B1: Process Description** (summarize the manufacturing processes that are conducted at the facility, attach schematic flow diagram as necessary. Describe major unit operations where wastewater is generated.)  
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(use additional pages as necessary)

**B2: General Production Information** - Production period, size of production, number of staff.

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(use additional pages as necessary)

**B3: Site Plan Attachment (Mandatory)**

Attachment diagram must identify:

- Property boundaries; topography of the area;
- Location and types of buildings;
- Location of drainage facilities, such as sewer lines, manholes, catch basins, ditches and ponds;
- Wastewater sources;
- Wastewater piping and pre-treatment systems;
- Location of any continuous monitoring equipment (pH, flowrate etc.);
- Requested discharge sites of wastewater (manholes, catch basins, drains); and
- Sampling location(s).

**Section C: Wastewater Sources and Pretreatment Information**

**C1: Wastewater Sources** (origin and proportion of each waste stream)

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(use additional pages as necessary)

**C2: Pretreatment Facilities** (explain setup, include equipment/tank sizing, capacity, direction of flow etc and provide a flow diagram of the pre-treatment process):

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Explain the estimated removal efficiency.

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Explain provisions for bypass of the pretreatment and waste disposal plan.

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(use additional pages as necessary)



**C3: Wastewater Flow Information**

Daily average flow:

m<sup>3</sup>/day

Yearly flow rate:

m<sup>3</sup>/yr

Daily maximum flow:

m<sup>3</sup>/day

**Maximum flow rate:**

L/s (Liters per second)

**C4: Type of contamination in final wastewater effluent** - Please specify approximate maximum concentration of contaminants of concern and attach a copy of sample analysis.

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**C5: Sample Point Location** - Please describe location of all existing and proposed sample points

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.....(use additional pages as necessary)

**Section D: Other information**

**D1: Required Permit Period**

Please mark in the appropriate ( ) and specify the proposed release period

- One-time Release ( ) Proposed Release Period: .....
- Short-term Release ( ) Proposed Release Period: .....
- Long-term Release ( ) Proposed Release Period: .....
- Ongoing Release ( ) Release commencement: .....



**D2: Related Best Management Practices Procedures** - Please attach a copy of all BMPs related to wastewater reduction and make a list of the procedures here.

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.....(use additional pages as necessary)

**D3: Spill Prevention and Containment**  
(Please summarize the provisions taken to prevent spills from entering the sewer system)

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.....(use additional pages as necessary)

**D4: Hazardous Wastes/Materials On-site Storage Information** (locations and storage methods of all hazardous materials, wastes stored on site)

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.....(use additional pages as necessary)

**D5: Other provincial or municipal agencies notified regarding wastewater issues:**

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**D6: Rationale for Permit Application** (Please provide detailed justification for the inability to comply with Bylaw 19627 requirements)

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**Section E: Declaration**

This application form must be signed by the owner / his representative or a duly authorized agent.

**I declare that the information given on this form is correct and accurate to the best of my knowledge.**

.....  
Name (please print) Title

.....  
Signature Date

If you elect to appoint an agent, please complete the following:

**I hereby authorize the following representative to deal with all respects of the subject application.**

.....  
Name (please print) Company

.....  
Owner's Signature Date