

Section 1: Application

Contact Info – Site Owner			
Site Owner:			
Company Name:			
Company Address:			
Contact Name:		Phone #:	
Email:		Emergency Phone #:	

Contact Info – Applicant / Responsible Person	
Are you the registered landowner of all properties involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you have consent from the site owner to dewater?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name:			
Company Address:			
Contact Name:		Phone #:	
Email:		Emergency Phone #:	

Location / Site Info	
Site Name:	
Site Address:	
Additional Details: Provide additional details about the site. For example, is there more than one location? Is any clarification on access required?	

UTILITIES

Section 2: Discharge Info

- Receiving system: Sanitary Sewer – enters the Wastewater Treatment Plant
 Stormwater Sewer – enters the Red Deer River untreated

Source of Discharge: - if using a hydrant list number			
Volume (Liters): - total volume to be discharged		Discharge Rate (L/s):	
Reason for Discharge:			
Pre-Treatment of Discharge:			
Are you aware of any local contamination that may negatively impact the stormwater collection system, receiving waters, or the wastewater treatment plant's ability to treat the discharged water? (Note: not required when flushing hydrants)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:			
Describe the techniques and products used to prevent erosion and removal of sediment:			
Describe the methods used to dewater the site:			
Hours of the day discharging will take place if not 24 hours:			
Provide outline of contingency measures in case of an emergency:			

Start and End Date for all Dewatering Activities:

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Applicant Name: _____ Date: _____

Signature: _____

To the best of my knowledge, the information provided in this application is true and accurate and I have signing authority on behalf of my company.

UTILITIES

FOR INTERNAL USE ONLY

Approved: Yes No

Reasons if No:	
Is water quality testing required?	
Conditions:	
Other Contacts:	
Asset Description:	

Approved by: _____ Date of Approval: _____

Expiration Date
(mmm/dd/yyyy): _____