

Please print clearly while completing the form.

1	Please specify to whom correspondence should be directed with regards to Wastewater and/or changes to Sewer Bylaw: Contact: Phone: Email: Mailing Address:				
2	Has an Operation Plan been provided to Alberta Environment? Yes / No If Yes, who is the Approval Holder and what is the Approval # Approval Holder: Approval #:				
3	Will wastewater or sludge be hauled to a Regional Municipality of Wood Buffalo Facility? Yes / No				
4	What is the site accommodation design capacity? What is the anticipated occupancy during each of the following seasons? Winter (January 1 – March 31) Spring (April 1 – June 30) Summer (July 1 – September 30) Fall (October 1 – December 31)				

	Are the occupancy numbers anticipated to change in the future? Yes / No If Yes, state ALL expected Increases or Decreases and timeline? Example Increase: Fall/Winter, 2010-2011 (1000 person max increase) Decrease: Spring 2015 (complete removal)				
5	Increase/Decrease	Season	Year		Quantity
6	Is this an Existing or New Facility? Existing / New Anticipated Length (years) of Operation of Facility? (Check only one box) < 1				
7	Does the site have any existing Sanitary Combined(Sanitary/Storm) Storm	ng connections to the fo Yes / No Yes / No Yes / No	llowing sewers?		
8	Attach existing data on all known characteristics of the wastewater discharge, including BOD, COD, TSS, TP and TKN. Refer to the Sewer Bylaw for limits. State effluent design parameters if treatment system not operational.				
9	Does the site have an Extra Strength Surcharge Agreement with the Municipality? Yes / No If Yes attach a copy of the agreement to this form				

	Does the site have any pre-treatment systems for wastewater prior to hauling? Yes / No				
10	If Yes , provide a description of the pre-treatment devices, contaminants removed, operational procedures for the device and description of process utilized in the device.				
	If No , but pre-treatment is planned for future please provide anticipated date.				
	On-Site Wastewater Storage				
	Method of Storage: Holding Tank: ☐ Septic Tank: ☐ Other(Specify): ☐				
11	Typical Volume (m³) Stored:				
	Typical Length of Time in Storage:				
	Expected Haul Frequency:				
	Does the site have any of the following programs in place for the wastewater system?				
	Pollution Prevention	Yes / No			
12	(A-2)	Yes / No			
900M-ser		Yes / No Yes / No			
	Other program/practices (Flease Specify)	res / No			
	If Yes to any please attach copies.				
13	Current/Anticipated Sewage Hauler:				
	Company Representative (please print)				
14	Company representative (please print)	ompany Representative (signature)			
	Title	Pate			

The information submitted in this form may be subject to verification by the municipality. The municipality will review the waste generator's application. An acceptance or denial letter will be issued to the generator based on the completeness of the application submitted, the type of wastes, and the analytical results of the waste proposed to be discharged to the wastewater system. The generator is responsible for notifying the Regional Municipalities of Wood Buffalo of any changes or updates to the information submitted on this form.

The personal Information on this form is collected under the authority of Section 33 (c) of the <u>Alberta Freedom of Information and Protection of Privacy Act.</u> The personal information will be used as contact information and to process your application. If you have any questions regarding the collection or use of this information contact the Supervisor, Support Services, Planning and Development, Timberlea Landing, 309 Powder Drive, T9K 0M3, or call (780) 793-1069.