

CLEAR WATER WASTE DISPOSAL PERMIT APPLICATION

Application to discharge to the wastewater system E 1996 (R2023-09)

Important Notice: This PDF was designed to be filled in with Adobe Acrobat Reader. Download the form to your desktop and use Adobe Acrobat Reader to open, complete and submit this form. If you are using Edge or Chrome browser some fields will not work as intended and your form may not submit.

A. Applicant Information

Primary Contact Information (Name to appear o	n Permit)			
Name	Cell Number			Email
Company Information				
Name	Address			
Billing Information (if different from above)				
Name	Cell Number			Email
Company Name	Address			
Person Responsible for Reporting Monthly volu	Imos			
Name	Cell Number			Email
Site Information				
Address/Location				MH number/Asset ID (if available)
B. Operation Details				
•	Antioing	tod End D		
Anticipated Start Date	Anticipa	ited End Da		
Anticipated discharge months if not continuous				
C. Required Additional Documentation				
Has a description of the project been attached? Yes No , attach an explanation why not.				
Is your estimated discharge rate greater than 150 L/min?			tach proposed discharge rate and duration (please allow dditional processing time for this option).	
Are you the registered landowner of all property or are you working on behalf of the registered landowner? (i.e. prime contractor or consultant?		Yes	☐ No, at	ttach copies of consent from all landowners.
Is there a reason to believe that the site contains or may		No	Yes , at	tach information on present and previous site use and contamination
contain a substance that could cause an adverse effect?				story and data on present and historic contamination of adjacent operties that may or have impacted the application site.
Is there a water quality laboratory report and <u>Analytical</u> <u>Results Reporting</u> form?		Yes		water quality results cannot be obtained at this time, provide stification of why the results are delayed and a date when they
			-	ill be submitted by. a description of the project been attached?
Is there a pretreatment system?		No	Yes , at	tach description.
Have you provided justification why you need to discharge to the wastewater system?		No		clude alternatives that have been pursued. See <u>Nuisance</u> /ater Disposal Flowchart.
D. Acknowledgement				
The applicant hereby warrants that all information provided to The City of Calgary in this application is true and accurate, and agrees to abide by The City of Calgary <u>Wastewater Bylaw 14M2012</u>				
Name	Date			
* Once you click submit, you will have the opportunity to attach Water Quality Data or any of the required additional documents as mention above in Section C. ** If you are using an Internet Browser instead of Adobe Acrobat, the submit button may not work. You must save and email your form to img@calgary.ca.				
	6		A/-+ \A/+-	Neneral Program. This information is collected purpulant to Section 22(a)

ected for the purposes of administering the Clear Water Waste Disposal Program. This information is c mation is being 53(C) of The Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection or use of your personal information, please contact the Industrial Monitoring Group Team Lead at Bonnybrook WWTP, 4302 15 St SE, MC#37c, PO Box 2100 Station M, Calgary, AB. T2P 2M5, or by phone at 403-268-4698, or by email at IMG@calgary.ca