

Applications Respecting: Drinking Water Works Permits and Municipal Drinking Water Licences

For Office Use Only			
Reference Number	Payment Rec'd \$	Date (yyyy/mm/dd)	Initials

General Information

1. Owner of the Drinking Water System

A. Owner Name (Legal name owner as evidenced by legal documents)

2. Owner Mailing Address

A. Unit No.

B. Street No.

C. Street Name

D. Municipality

E. Postal Station

F. Province

G. Postal Code

H. Attention

I. Position/Title

J. E-mail Address

K. Telephone Number (including area code and extension)

3. Drinking Water System

A. Drinking Water System Identifier Name

B. DWWP Number

C. Licence Number

4. Type of Application

A. Identify the Type of Application and complete the sections of the application identified

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
<input type="checkbox"/> DWWP Amendment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓		✓			✓	✓
<input type="checkbox"/> Licence Amendment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓		✓			✓	✓
<input type="checkbox"/> New System – DWWP & Licence	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓			✓	✓
<input type="checkbox"/> Licence Renewal	✓	✓	✓	✓		✓						✓	✓		✓		✓		✓			✓
<input type="checkbox"/> Licence or DWWP Revocation	✓	✓	✓	✓		✓				✓	✓					✓		✓		✓		✓

Note:

 Fragmentation or Relief from
Regulatory Requirements

 ➔ For applications relating to relief from regulatory requirements or fragmentation of the system **do not use this application form**. Reference should be made to the ministry's 'Guide for Applying for Fragmentation and Relief from Regulatory Requirements – March 2009'.

 First Drinking Water Works Permit
and Municipal Drinking Water
Licence for an existing drinking water
system.

 ➔ For applications relating to the **first** Drinking Water Works Permits and Municipal Drinking Water Licence for **existing** drinking water systems **do not use this application form**. Reference should be made to the ministry's 'Guide for Applying for the First Drinking Water Works Permit and Municipal Drinking Water Licence and Submission of Operational Plans – October 2008'.

5. Proponent Information Contact

Complete A. or B.

- A. The Proponent of the Alteration is the Owner of the System
- B. The Proponent of the Alteration is other than the Owner of the System (if checked, complete items C. through N.)

C. Proponent Name

Proponent Contact

D. Proponent Contact Name

E. Position/Title

F. Employer/Company

Proponent Address

G. Unit No.

H. Street No.

I. Street Name

J. Municipality

K. Postal Station

L. Province

M. Postal Code

N. E-mail Address

O. Telephone Number (including area code & extension)

6. Technical Information Contact

A. Name

B. Position/Title

C. Employer/Company

Technical Contact Address

D. Unit No.

E. Street No.

F. Street Name

G. Municipality

H. Postal Station

I. Province

J. Postal Code

K. E-mail Address

L. Telephone Number (including area code & extension)

7. Description of Undertaking

A. Provide a brief description of the undertaking that is the subject of the application including a project name, if applicable.

B. Project Start Date - Estimated date for start of construction (yyyy/mm/dd)

C. Estimated date for start of operation (yyyy/mm/dd)

8. Undertaking Location Information

A. Location Description (Check one of the following)

- The application relates to the entire system (e.g. DWWP/Licence condition amendment) – Do not complete B. through O.
- The application relates to an undertaking occurring over a large spatial area and not one discrete site location (e.g. 5 km of trunk watermain) Complete P. through S. Do not complete B. through O.
- The application relates to an undertaking occurring at a discrete site location – Complete B. through S. as applicable.

B. Site Name

Site Address

C. Unit No.

D. Street No.

E. Street Name

F. Municipality

G. Postal Station

H. Province

I. Postal Code

J. Survey Address (Used for rural location specified for a subdivided township, unsubdivided township or unsurveyed territory).

Note: Do not complete J. if you completed B. to I.

Lot and Concession: Indicate a location within a subdivided township and consists of a lot and concession number.

Lot

Con

Part and Reference: Indicate location within an unsubdivided township or unsurveyed territory, and consists of a part and a reference plan number indicating the location within the plan. Attach copy of the plan.

Part

Reference Plan

K. Non-Address Information (Any additional information to clarify location of the undertaking)

L. Geo Reference

Map Datum

Zone

Accuracy Estimate

Geo Ref. Method

UTM Easting

UTM Northing

M. Municipality/Unorganized Township

N. County/District

O. Postal Code

P. Is any part of the undertaking located within an area of development control as defined by the *Niagara Escarpment Planning and Development Act* (NEPDA)?

- Yes (If Yes, attach copy of NEPDA permit form proposed activity/work)
- No

Q. Is any part of the undertaking located within the Oak Ridges Moraine Conservation Area as defined by the Oak Ridges Moraine Conservation Plan – a regulation under the *Oak Ridges Moraine Conservation Act* (ORMCA)?

- Yes (If Yes, attach copy of municipal planning approval for the activity)
- No

R. Is any part of the undertaking located within the lands to which a Greenbelt Plan made under the *Greenbelt Act, 2005* applies?

- Yes (If Yes, confirm that the undertaking is consistent with the Greenbelt Plan) → The undertaking is consistent with the Greenbelt Plan
- No

S. Is the Proponent the owner of the site

- Yes
- No (If No, attach the site owner's name, address and consent for the undertaking)

9. Environmental Impact Information

A. Discharge to Surface Water - Does the proposal include any components which will result in the discharge of residue from the treatment process or any substance into surface water?

Yes No

B. If the answer to A is Yes, provide a summary description of the component, including location, and the nature of the discharge.

C. If the answer to A is Yes, identify the water body receiving the discharge.

D. Discharge to the Air - Does the proposal include any components which will result in the discharge of a contaminant into the air?

Yes No

E. If the answer to D. is Yes, provide a summary description of the nature of the discharge (attach further details if required).

F. If the answer to D. is Yes, attach information that would be required for an application for a Certificate of Approval (Air) in accordance with the Ministry's Guide for Applying for Approval (Air), Section 9, EPA.

Attached

G. Environmental Assessment Requirements - Check below or provide information, as applicable, in H. through J.

The undertaking for which this application is made has fulfilled all requirements of the *Environmental Assessment Act* (EAA) through the completion of the processes outlined in the Municipal Class Environmental Assessment set out in:

Schedule A Schedule A+ Schedule B Schedule C

H. The undertaking is exempt from the requirements of the EAA under

Section _____ of Ontario Regulation No. _____ Exemption Order _____

I. The undertaking is proceeding with the Environmental Assessment Process Approval Notice specified below.

J. The undertaking is not subject to the *Environmental Assessment Act* for the reason specified below.

10. Public Consultation/Notification

Specify all public consultation/notification (such as public hearings, notification of First Nations, ect.) related to the proposal that has been completed or in the process of being completed.

11. Supporting Information Checklist - This is a list of all supporting information to this application and is subject to the FOIPPA

Supporting Information	Attached	Reference	Can be Disclosed
Detailed description of proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Study Report	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Preliminary Engineering Report	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Design Brief	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydraulic and process calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Final Plans and Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Source Water Quality Analysis/Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrogeological Report/Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrogeological Report on groundwater development	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatability Study	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit(s) to Take Water	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Process wastewater residue management report	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment process monitoring program	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of NEPDA Permit (Niagara Escarpment)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
ORMCA compliance document (Oak Ridges Moraine)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Operating Authority & Operational Plan

A. Drinking Water System or Operational Subsystems	B. Operating Authority Name (Identify all operating authorities)	C. Confirm Accreditation Status	D. Operational Plan (See Note Below)
		<input type="checkbox"/> Accredited	<input type="checkbox"/> Attached
		<input type="checkbox"/> Accredited	<input type="checkbox"/> Attached
		<input type="checkbox"/> Accredited	<input type="checkbox"/> Attached

Note: An Operational Plan should only be attached when the application relates to a licence renewal or a new drinking water system. In cases of an alteration to an existing drinking water system, do not attach a copy of an Operational Plan.

13. Financial Plan – Licence Renewal

<p>A. Attach a resolution of the council of the municipality or governing body of the owner approving the financial plan in accordance with section 3.(1)1. of O. Reg. 453/07</p> <input type="checkbox"/> Attached	<p>B. The First Year to which the approved Financial Plan Applies</p> <p>(YYYY)</p>	<p>C. Financial Plan Number</p>
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14. Financial Plan – New System

<p>A. Attach a resolution of the council of the municipality or governing body of the owner approving the financial plan in accordance with section 2.1. of O. Reg. 453/07</p> <input type="checkbox"/> Attached	<p>B. The First Year to which the approved Financial Plan Applies</p> <p>(YYYY)</p>	<p>C. Confirm that that the financial plans:</p> <input type="checkbox"/> Include a statement that the financial impacts of the drinking water system have been considered, and; <input type="checkbox"/> Apply for a period of at least six years
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15. Permit(s) to Take Water – Licence Renewal

- A. The Permit(s) to Take Water (PTTW) in Schedule A of the current licence identify all PTTWs for the drinking water system and are not currently under a process of revision or renewal. (This information is not required in the case of a stand-alone distribution-only drinking water system)
- Yes
- No (If the answer is 'No' attach details of any corrections, additions; the status of the application for issuance, renewal or amendment including the PTTW number if available and identify the component or subsystem associated with the PTTWs being referenced.)

16. Permit(s) to Take Water – New System or DWWP/Licence Amendment

- A. Does the undertaking require that a PTTW be issued or amended? (This information is not required in the case of a stand-alone distribution-only drinking water system)
- Yes (If the answer is 'Yes' attach details of the status of the application for issuance, renewal or amendment including the PTTW number if available)
- No

17. Raw Water Assessment – Licence Renewal

- A. Is the drinking water system a stand-alone distribution system receiving all of its drinking water from another drinking water system
- Yes
- No (If No, attach raw water information in accordance with the Ministry of the Environment Document entitled **Raw Water Assessment in Support of a Municipal Drinking Water Licence Renewal.**)

18. Raw Water Characterization – New Treatment System or Treatment System Alteration

- A. Does the undertaking include a new treatment system or alterations to a treatment system where raw water characteristics are relevant to the design of the treatment works?
- Yes (If 'Yes' attach raw water information in accordance with Section 1.2 of Part III of the **Guide for Applying for DWWP Amendments, Licence Amendments, Licence Renewals & New System Applications**)
- No

19. Distribution System Information – Licence Renewal

A. Attach file(s) describing the existing distribution system

 Attached**20. DWWP/Licence Revocation**

A. A revocation is being requested for:

 The DWWP The Licence

A. Describe the reason for requesting the revocation of the DWWP and/or licencer

21. Application Fee

Category Code	Category Description	Amount	Quantity	Sub Total
			Total Fee \$	

Payment Information - Method of Payment

<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	Amount Enclosed
<input type="checkbox"/> Visa (max. \$10,000)	<input type="checkbox"/> Master Card (max. \$10,000)	
Visa / Master Card Number		Expiry date (mm/yyyy)
Name of Cardholder (Please print as it appears on Visa / Master Card)		Signature of Cardholder

22. Statement of Owner

I, the undersigned, hereby declare that to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete and accurate and that the Technical Information Contact identified in this application is authorized to act on my behalf for the purpose of processing this application.

Last Name (please print)	First Name	Title
Signature		Date (dd/mm/yyyy)