

# Application Form and Guide for an EPEA Registration Code of Practice for Waterworks Systems Using High Quality Groundwater

#### Introduction

The attached form and guidelines outline the information required for an application for a registration of a waterworks system using a high quality groundwater supply. The application has been prepared in accordance with the *Environmental Protection and Enhancement Act* (EPEA) RSA 2000, c.E-12 and the Environmental Protection and Enhancement Act (Miscellaneous) Regulation 118/1993. Please ensure that each section of the application is completed in a concise and clear manner.

A waterworks system includes high quality groundwater wells, water supply line(s), water treatment plant, storage, pumping and distribution systems.

For your information, the general steps and procedures that are followed when reviewing and issuing a Registration for municipal waterworks system is illustrated by the attached flow chart (Figure 1).

Application for a new Registration for systems using high quality groundwater must contain written confirmation, by a Professional Engineer, that all aspects of the waterworks design conform to the requirements of the Code of Practice, the Regulations under the Act, or a statement identifying and justifying and deviation. The plans and specifications submitted in support of the Code of Practice registration must also be signed and stamped by a Professional Engineer.

All information spaces in this application must be filled in or marked not applicable (N/A). Failure to provide all necessary information may cause the application to be rejected and returned to the applicant.

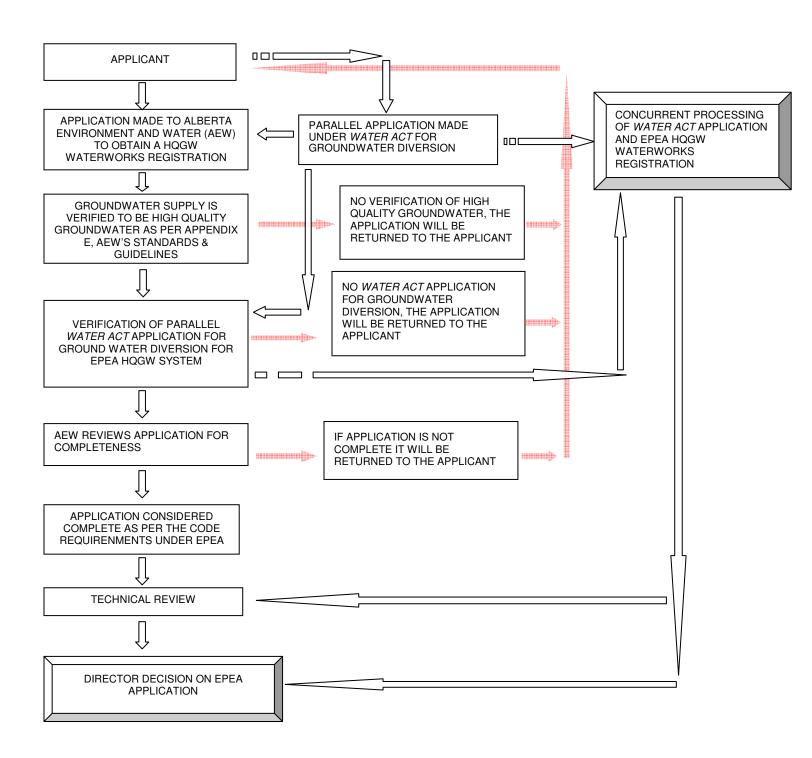
Alberta Environment and Parks Regulatory Approvals Center 5th Floor, South Petroleum Plaza 9915 108 Street Edmonton, AB T5K 2G8

Phone: 780-427-6311 Fax: 780-422-0154

E-mail: <a href="mailto:aep.epeaapplications@gov.ab.ca">aep.epeaapplications@gov.ab.ca</a>

FOIP STATEMENT: Personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used to administer the *Environmental Protection and Enhancement Act* and its associated regulations. This form is a public record that is available to anyone. All information contained on this form (including personal information) is disclosed by Alberta Environment and Parks to anyone requesting a copy in accordance with Section 2 of the *Environmental Protection and Enhancement Act*, Disclosure of Information Regulation. For further information about the collection and use of this information please contact Alberta Environment and Parks - Regulatory Approvals Centre at aep.epeaapplications@gov.ab.ca or call 780-427-6311.

# FIGURE 1 - THE PROCEDURE FOR A CODE OF PRACTICE REGISTRATION – HQGW WATERWORKS SYSTEM





# Application Form and Guide for an EPEA Registration Code of Practice for Waterworks Systems Using High Quality Groundwater

#### 1.0 Administrative Information

Legal land description of the existing or proposed High Quality Groundwater Waterworks System:								
	LocationSECTWPRGM_							
or oth	ner (street address) Longitude:							
GP5	Co-ordinates: Latitude: Longitude:							
Submission of a map / plan of the area showing the location of the following landmarks must be submitted in support of the application. The map should show:								
(a) the raw water supply well(s);								
(b)	(b) any raw water reservoirs or pump stations;							
(c)	the water treatment plant (including a schematic of the plant);							
(d)	any treated water reservoir(s) and pump stations (if any);							
(e)	the layout of any existing or proposed treated water distribution piping.							
	Water Act application number, preliminary certificate, or Licence number for a groundwater diversion.							
Propo	osed date for waterworks construction:							
•	e and Address of waterworks Owner (Municipality / Commission / Utility / Water C							
	Company):							
Name	<u> </u>							
Addre								
Conta	ct Person: Position: Fax:							
	hone: Fax:							

		(a) a long term framework (i.e.: condominium association or other association acceptable to the department) has been set up for ownership and operation:						
			Yes No Details:					
		(b)		ment such as a caveat or e, clearly outlining the pro				
			Yes No Details:	_				
	1.8		ating staff and p works system:	person(s) that will be resp	oonsible for the	e day to day o	pperation of the	
	NA	ME 05 (	DEDATOR(S)	POCITION	AEW CERT	FICATION		
	NAI	WE OF C	OPERATOR(S)	POSITION	CERT.#	CLASS	WORK PHONE #	
<ul> <li>2.0 Waterworks System (Technical Data)</li> <li>2.1 Submission of EPEA Standards and Guidelines, Appendix E documentation that the raw water supply is not Groundwater Under the Direct Influence. (GWUDI)</li> </ul>								
		_	`					
		If No, explanation for lack of submission, and projected date of submission of information:						
	2.2	2.2 Raw water analysis (physical, inorganic and organic chemical and pesticide paramete must be submitted in support of this application. Included: Yes   Date of analysis:						
	2.3			vritten Operations Plan a the operation of the wate			has been	
	2.4			and specifications (signent plant. (including design			ssional Engineer)	

If the facility is to remain privately owned and operated, provide confirmation that:

1.7

2.5	Submission of engineering drawings including piping profiles and specifications (signed and stamped by a Professional Engineer) of the treated water distribution system.  Yes										
2.6	All aspects of the design of the waterworks systems complies with the design requirements of:										
	(a) this Code of Practice, and										
	(b) the regulatio	ns under the Act.									
		and justification of the dene Act: (with Engineers s	eviation from this Code of ignature and stamp):	f Practice and/or the							
2.7	, <u>————</u>										
	FLOWS)	AVERAGE DAILY FLOW (m³ / DAY)	MAXIMUM DAILY FLOW (m³ / DAY)	PEAK HOURLY FLOW (L / HOUR)							
Curre	ent										
Desi	gn										
2.9	2.9 Are there any other Municipality(ies), Development(s) Commissions / Co-ops / or Companies outside the municipal boundaries obtaining potable water from the waterworks system (other than truck haul)?  Yes No Ill If yes, please provide a list of the systems, the name and phone number of the contact person(s) and approximate annual flows or population.										
ı	NAME OF SYSTEM	CONTACT PERSON	PHONE NUMBER	ANNUAL FLOW (m <sup>3</sup> ) OR POPULATION							
2.10	Are there any truck Are the truck fill sta	fill stations? Yes  tions metered? Yes	No  If yes, how	many?onthly flows (m³)							

#### 2.11 Raw Water Supply:

#### **High Quality Groundwater**

Details of well(s):

Water Resources Act / Water Act Licence No.	Well No.	Legal Land Description  GPS Co- ordinates	Date Well Came Into Production Month/Year	Well Completion Depth (m)	Intake Depth (m)	Present Annual Water Use (m³) per Year (if applicable)	Production Rate (L/s)	Rated Pump Capacity (L/s)
			/					
			/					
			/					
			/					

Raw water pumping:

UNIT	POWER RATING (kW)	CAPACITY (L/s)

#### 2.12 Water Metering:

(a)	Please	list all flow	monitoring	locations:
-----	--------	---------------	------------	------------

<ol> <li>Monitoring in the Treatment Proce</li> </ol>	ss:
---	-----

A)	Raw water monitoring	ulocation:
, , ,	i lavv vvalci ilioliiloliilo	i iocalion.

B)	<del>-</del>	onitoring location:	
Ľ١	I rooted water m	ionitorina location:	
-	HEALED WALEL III	1011110111101100.71101	

$\sim$	O 1	
C)	Other monitoring location:	
())	CHIEL HIGHIIGHIG IGGAIIGH.	

ii)	In the distribution system (i.e.: residential, commercial, industrial, public /
	government, or any combination of):

2 13	Raw	Water	Storage	Reservo	ir/c)	
۷.۱۵	naw	vvalei	Sidiade	neservo	11 (5)	

D	DESCRIPTOR OR NAME		ELEVATED, SURFACE, OR UNDERGROUND			VOLUM (m³)		LOCATION (STREET ADDRESS / LEGAL LAND LOCATION / GPS CO-ORDINATES)
	Total volume of raw water storage(m³).							
2.14	14 Mandatory Water Treatment Requirement - High Quality Groundwater Systems:							
	R	AW WA	TER VIRUS LEVELS			LOG RED		TION REQUIREMENT
								4.0 log
2.15		iscretionary or Aesthetic Parameter Water Treatment Processes - High Quality roundwater Systems:						
	(a)	Aeratio	on (raw water):		Yes	No 🗌	Ту	ype of aeration
	(b)	Pre-disinfection or oxidation: Yes  No Chemical used						
	(c)	Filters – Greensand: (Iron and / or Manganese removal) Yes  No						
		GREENSAND FILTER NUMBER SURFACE AREA (M/H)						
			1					
			2					
			3					
	(d)	d) Filter(s) – Membrane:						
	Microfiltration ☐ Ultrafiltration ☐ Nanofiltration ☐ Reverse Osmosis ☐							
		MEMBRANE FILTER MODULES PORE SIZE (μ)						

2.16	Mandatory Wate Disinfection (indi			•		
	Chlorine Gas Chloramination Ozonation		Calci	um Hypo um Hypo rine Diox	chlorite [	
	Location of injec	tion of p	orimary	/ disinfed	tant introdu	uction
	CT Disinfection	:				
	Use the formula	below f	or CT	disinfecti	on calculat	ion (V <i>iruses</i> ).
	CT Required – V	/iruses -	– AEW	/ Append	lix B	
	Log reduction (V	'iruses)	target	for disint	ection – 4-	log reduction
	Minimum temper	rature (º	<sup>2</sup> C)		N	laximum pH
	Baffling Factor of Please include refactor).	f treated eservoir	d wate detail	r reservo s (length	oir(s) (T <sub>10</sub> /T) , width, hei	ght, inlet/outlet details, to verify baffling
	V <sub>min</sub> (designed m	ninimum	volum	ne in rese	ervoir in Litr	res)
	Q <sub>peak</sub> (max desig	ned hou	urly flo	w (L/min	) <u>or</u> twice th	ne daily designed flow (L/min)
	C	Γ <sub>lowest act</sub>	<sub>tual</sub> =	$C \times \frac{T_{10}}{T}$	$ imes rac{V_{ ext{min}}}{Q_{ ext{\it peak}}}$	
	where:	С	=			aily free chorine residual concentration litre) at the point $T_{10}$ is measured;
		$rac{T_{10}}{T}$	=	0.1;	OR	
				varies	baffling c	the empirical method using typical onditions as per Appendix D in the s and Guidelines Document; OR
				varies	based on	a tracer study, where
			T <sub>10</sub>	=		ct time (in minutes) established from recent tracer study; and
			Т	=	assuming dividing the storage ve	ated contact time (in minutes), no short-circuiting and obtained by the treated water chlorine contact olume that was used to determine T <sub>10</sub> :

		$V_{\text{min}}$	=	the daily designed minimum volume (in Litres) of treated water in the disinfection contact reservoir;					
		$Q_{peak}$ = $\begin{array}{c} maximum \ recorded \ hourly \ flow \ (Litres \ per \ minute) \ \underline{or} \\ twice \ the \ daily \ average \ flow \ (Litres \ per \ minute) \end{array}$							
2.17	7 Confirmation that all water treatment chemicals used in the waterworks are NSF approved: Yes \( \square \) No \( \square \)								
	If No, include non	-NSF	chemica	als i	n the table below).				
2.18	8 Inventory of all water treatment chemicals used (including non NSF). (Please identify all the chemicals used seasonally or continuously, including descalents, pH adjusters, and chlorine as a pre-oxidant or disinfectant.)								
	CHEMICAL NAME  NSF APPROVED YES/NO  CHEMICAL TYPE AND FUNCTION  LOCATION OF POINT OF INJECTION  SEASONAL / CONTINUOUS								
2.19	2.19 Confirmation that the system has an on-line chlorine analyzer:								
	(a) entering the distribution system: Yes  No								
	(b) with alarm	to op	erator:	Yes	s □ No □				
	(c) with data c	aptui	re to reco	ord o	chlorine residual value	s: Yes 🗌 No 🗀	]		

2.20	Disposal	and ha	ndlina o	f wastewater	and wastewa	ter from	water treatment	t plant:

TYPE OF WASTE STREAM	DECHLORINATION OF WASTE STREAM BEFORE DISCHARGE (YES/NO)	METHOD / LOCATION OF WASTE DISPOSAL
Filter Backwash (if applicable)		
Filter-to-waste(if applicable)		
Waste from on-line Chlorine analyzer		
Drain down (membranes) (if applicable)		
Clean in place (membranes) (if applicable)		
Rejection stream (membranes) (if applicable)		
Waste from lab sink or floor drain(s) (if applicable)		
Wastewater from toilet and/or bathroom (if applicable)		
Other (Specify)		

## 3.0 Treated Water Distribution System

3.1 Treated Water Storage Reservoir(s):

DESCRIPTOR	ELEVATED SURFACE, OR UNDERGROUND	CONTRUCTION MATERIAL	VOLUME (m³)	LOCATION (STREET ADDRESS / LEGAL LAND LOCATION / GPS CO-ORDINATES

Total volume of treated water storage(m	n <sup>3</sup> )	)
---	------------------	---

3.2 Treat	ed Water	Distribution	Pumps:
-----------	----------	--------------	--------

UNIT	POWER RATING (kW)	CAPACITY (L/s)

### 3.3 Emergency Pumping and Genset:

UNIT	POWER RATING (kW)	CAPACITY (L/s)

Total capacity of emergency pumps	_(L/s).					
Description and location of fuel source for emergency pumping						

#### 4.0 Monitoring Parameter Requirements

TYPE OF MEASUREMENT	LOCATION	TYPE OF SAMPLE ANALYSES REQUIRED (GRAB, OR ON-LINE)	
Chlorine residual	Leaving the water treatment plant	On-line	
Chlorine residual	In the distribution system	Grab	
CT Disinfection Parame			
pH (raw water)	In the raw water	Grab or On-line	
Temperature (raw water)	In the raw water	Grab or On-line	
Reservoir Volume	In the treated water reservoir	Measured	
Maximum pump flow	Leaving the water treatment plant	Measured	
CT Viruses (4-log)	Leaving the water treatment plant	Calculated	

### 5.0 Operations Plan

- 5.1 An operations plan must be submitted in support of this application. The operations plan shall contain the following:
  - (a) Routine Operational Procedures, which shall, at a minimum, include:
    - i) contact name and telephone numbers for the system owner, system operator, engineering consultants and equipment suppliers,
    - ii) operating instructions:
      - A) general description of treatment process and operating procedures,
      - B) performance requirements, and
      - C) location of equipment major controls;

- iii) general maintenance schedule, and
- iv) general maintenance instructions for:
  - A) treatment / process equipment,
  - B) monitoring equipment,
  - C) pumping equipment; and
- v) the schedule and procedures for cleaning and flushing of the water distribution system, including potable water storage reservoirs;
- (b) Routine Operational Procedures for Monitoring Parameter Requirements, which shall, at a minimum, include:
  - i) operational and compliance tests to be performed,
  - ii) bacteriological quality monitoring plan,
  - iii) methods used for monitoring and analysis,
  - iv) locations of monitoring points, and
  - v) laboratory data quality assurance information;
- (c) Emergency Response Plan, which shall, at a minimum, includes steps to be taken in the event of the following:
  - i) bacteriological results exceeding the prescribed limits,
  - ii) low Chlorine residual,
  - iii) CT not being met,
  - iv) equipment breakdown,
  - v) flood and other natural disasters,
  - vi) water distribution system pipeline break and repair, and the return of the pipeline to service,
  - vii) power failure,
  - viii) the waterworks system becoming inoperable, including steps in providing an alternate potable water supply, and
  - ix) list of contacts: Alberta Environment and Water, Alberta Health, Regional Health Authorities, Fire Department, Disaster Coordinator, and other agencies.

#### 6.0 Waterworks Application Signature (OWNER)

The *Environmental Protection and Enhancement Act* and Regulations, provide a specific definition for the "owner" and "person responsible for a waterworks system". Therefore, the person(s) responsible/person signing this document should be familiar with the applicable sections of the *Environmental Protection and Enhancement Act* and the Regulations.

The sections of the *Environmental Protection and Enhancement Act* and Regulations that are of particular relevance to waterworks system are:

- (a) Environmental Protection and Enhancement Act (EPEA) RSA 2000, c.E-12;
- (b) Environmental Protection and Enhancement Act Part 2, Division 2 (Approvals, Registrations and Certificates); Part 5 (Release of Substances); Part 7 (Potable Water); Part 10 (Enforcement);
- (c) Activities Designation Regulation 276/2003;
- (d) Environmental Protection and Enhancement Act (Miscellaneous) Regulation 118/1993:
- (e) Approvals and Registrations Procedure Regulation 113/1993;
- (f) Code of Practice for Waterworks Systems Using High Quality Groundwater, April 1, 2009;
- (g) Potable Water Regulation 277/2003.

I certify that I am the owner of the system and am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Printed Name of Person Signing	Title
Address	Postal Code
Telephone Number	Fax Number
Date of Application	 Signature