

## Trunk Sewer Connection Application

23262 Township Road 540  
Fort Saskatchewan, Alberta T8L 4A2  
Tel: (780) 467-8655; Fax: (780) 467-5398  
Web: [www.acrwc.ab.ca](http://www.acrwc.ab.ca)

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### Connection Information Report

The completion of this form is mandatory for all entities wishing to connect a sewer to a trunk owned by Alberta Capital Region Wastewater Commission (ACRWC).

If you have any questions regarding this form, please call 780 467 8655

#### How to Submit the Application:

Complete the Application and email it, along with supporting documentation, to [info@acrwc.ab.ca](mailto:info@acrwc.ab.ca)

#### How to Fill in the Application Form:

- Provide all applicable information and attachments as required
- If you do not have an answer for the requested information, indicate so and explain why.
- Indicate “N/A” if a section does not apply to your application
- Use additional pages, if necessary.
- Please print clearly if filling out the form in that manner
- Please indicate what material has been attached to ensure that the ACRWC is aware of all the information provided.

#### Note

The connection information report will only summarize the basic information about the proposed connection. The detailed requirements for a connection are described in the **Trunk Sewer Connection Guideline**, which can be found on the ACRWC website.



<b>Connection Information Report</b>	
1	<b>Requesting Municipality:</b>
2	<b>Contact Information of the Municipality</b>  Contact Person & Title:  Company Name:  Business Mailing Address:  Town or City: Postal Code:  Telephone: Fax: Email:
3.	<b>Application Agency Name (if applicable):</b>
4.	<b>Contact Information of the Agency (if applicable)</b>  Contact Person & Title:  Company Name:  Business Mailing Address:  Town or City: Postal Code:  Telephone: Fax: Email:
5.	<b>Service Area Information</b>  Service area legal description: Section___Twp.____Range___W4 Section___Twp.____Range___W4 Section___Twp.____Range___W4 Section___Twp.____Range___W4  Subdivision name(s) _____ _____  Total Service area (ha) _____



6.	<b>Design Brief</b>  Type of development: Residential____ Commercial and Institutional ____ Industrial____ Population: _____ Average DWF:_____ Peak DWF:_____ I/I allowance: _____ Peak WWF:_____ Connection pipe size _____ Connection Pipe Material _____ Description of any special materials or methods required for construction  _____ _____ _____ _____ _____ _____
7.	<b>Construction</b>  Anticipated construction schedule  _____  Description of quality control testing and inspection to be instituted during and following construction:  _____ _____ _____ _____ _____ _____  Material and construction specifications  _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

10.	<p><b>Drawings</b></p> <p>Provide the following drawings as attachments to this application:</p> <ul style="list-style-type: none"> <li>an overall plan showing the service area, the municipality's sub-trunk system upstream of the Trunk Connection, the ACRWC's trunk, and the location of the proposed connection.</li> <li>A profile drawing showing the vertical locations of the applicant's connection sewer, the ACRWC's trunk, and the connection.</li> <li>detail connection drawings.</li> </ul>
11.	<p><b>Other Support Documents</b></p> <hr/> <hr/> <hr/> <hr/>
12.	<p><b>Attachment List</b></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
<p>Date form completed:</p> <p>Name and Title of the Applicant:</p> <p>Signature of Authorized Representative:</p>	
<p>The information submitted in this form may subject to verification by the ACRWC:</p>  <p>For ACRWC use only                      Date completed form received:</p>  <p style="margin-left: 200px;">Date information verified/approved:</p>	