

WASTE DISCHARGE PERMIT APPLICATION FORM

to accompany Schedule 'C' of RDN Bylaw 1730

A copy of Bylaw 1730 can be obtained online or from the Regional District office.

1. The terms used in this form have the same meaning as defined in Bylaw 1730,
2. By submitting this application, the applicant confirms that:
 - she or he read, understands, and agrees to the provisions of Bylaw 1730,
 - she or he shall become responsible for the discharge.
3. This application must be filed with the Regional District not less than ninety (90) days prior to the date for which the Permit is required.
4. The applicant must pay the \$500.00 Application Fee to the Regional District at the time the application is made. The Application Fee is non-refundable.
5. Unless otherwise specified by the Sewage Control Manager, a new and separate application must be made:
 - For any new discharges,
 - For multiple discharges (one application per discharge),
 - For any changes to the discharge or the Permit,
 - If the Authorized Discharge of an existing Permit changes.
6. The discharge shall be assigned a Classification Level in accordance with Bylaw 1730, and the Authorized Discharger shall be responsible for any provisions and costs associated with that Classification Level.
7. All costs directly or indirectly incurred by obtaining, maintaining, amending, suspending, or terminating a Permit shall be borne by the applicant or the Authorized Discharger.
8. This application is not a Permit, and its submission does not allow the discharge of waste in contravention of Bylaw 1730.
9. Any application that is incomplete or contrary to any enactments may be rejected.
10. A Permit does not exempt the Authorized Discharger from any legislation or regulations enacted by the Province of British Columbia or the Government of Canada.
11. Any changes to the information provided in this application must immediately be submitted to the Regional District

Please initial here to confirm that the applicant read and understands the statements listed above:

SECTION I: CONTACT INFORMATION

1. Applicant information (the owner of or person otherwise responsible for the waste to be discharged):

<i>FULL NAME</i>			
<i>BUSINESS/ AFFILIATION</i>		<i>POSITION TITLE</i>	
<i>PHONE 1</i>	<i>PHONE 2</i>	<i>FAX</i>	<i>EMAIL</i>

2. Business information:

<i>BUSINESS NAME</i>			
<i>INCORPORATION NUMBER</i>		<i>TYPE OF BUSINESS</i>	
<i>FULL CIVIC ADDRESS</i>			
<i>PHONE 1</i>	<i>PHONE 2</i>	<i>FAX</i>	<i>EMAIL</i>

3. Discharge location information:

<input type="checkbox"/> <i>Same as Question 2 (please fill in legal description and operating times below*)</i>			
<i>BUSINESS NAME</i>			
<i>INCORPORATION NUMBER</i>		<i>TYPE OF BUSINESS</i>	
<i>FULL CIVIC ADDRESS</i>			
<i>*LEGAL DESCRIPTION</i>			
<i>PHONE 1</i>	<i>PHONE 2</i>	<i>FAX</i>	<i>EMAIL</i>
<i>*REGULAR DAYS & HOURS OF OPERATION</i>			

4. Emergency contact:

<input type="checkbox"/> <i>Same as Question 1</i>			
<i>FULL NAME</i>			
<i>BUSINESS/ AFFILIATION</i>		<i>POSITION TITLE</i>	
<i>PHONE 1</i>	<i>PHONE 2</i>	<i>FAX</i>	<i>EMAIL</i>

SECTION II: DISCHARGE VOLUME AND FREQUENCY

6. **To which Pollution Control Centre will the discharge be sent?**

- Greater Nanaimo French Creek Duke Point Nanoose Bay

7. **Briefly describe the origin of the discharge, how it was produced, and any other key points:**

For example, "the discharge is a result of milling operations at a wood processing plant. The discharge is pre-treated but requires disposal every two weeks for three years"

8. **What are the requested start date and end date of the discharge?**

<i>START DATE</i>	<i>END DATE</i>	<input type="checkbox"/> <i>END DATE UNKNOWN/ ON-GOING OPERATION</i>
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9. **What is the duration of the operation that will produce the discharge?**

- Less than one year One year or longer

10. **Type of discharge:**

- Continuous Batch Both

11. **Is the maximum volume of discharge equal to or greater than 300m³ in a period of 30 consecutive days?**

- Yes No

12. **What is the frequency and volume of the discharge?**

	Hours per day Minimum	Hours per day Maximum	Hours per day Average	Volume per day Maximum <i>in cubic metres</i>	Volume per day Minimum <i>in cubic metres</i>	Volume per day Average <i>in cubic metres</i>
<input type="checkbox"/> Daily						
<input type="checkbox"/> Sunday						
<input type="checkbox"/> Monday						
<input type="checkbox"/> Tuesday						
<input type="checkbox"/> Wednesday						
<input type="checkbox"/> Thursday						
<input type="checkbox"/> Friday						
<input type="checkbox"/> Saturday						
For how many weeks per year?						

13. How were the volumes in Question 12 determined?

Identify the method used

	<input type="checkbox"/> ESTIMATED <input type="checkbox"/> MEASURED
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SECTION III: DISCHARGE CHARACTERISTICS AND QUALITY

14. Will any portion of the discharge be trucked to an RDN facility instead of discharged by way of sewer?

Yes No

15. Does the discharge contain any of the following, in any quantity?

Hazardous waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Control works waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air contaminant waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-domestic food waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flammable, combustible, or explosive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dyes or colouring materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obstructive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seawater	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrosive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Substances with high salinity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Temperature waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Uncontaminated water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biomedical waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storm water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special risk organic waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ground water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radioactive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trucked liquid waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PCBs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recreational vehicle waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pesticides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any water or substance for the purpose of diluting any non-domestic waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pharmaceutical wastes	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

16. Do any operations or processes on the premises produce Hazardous Waste?

Yes No

17. Check the appropriate box for each contaminant to identify whether the contaminant listed is *known to be present*, *suspected to be absent*, *suspected to be present*, or *known to be present*, in the discharge. Based on recent sampling data, also provide the maximum and average concentration limits of the discharge for the following conventional contaminants:

CONVENTIONAL CONTAMINANTS						
	KNOWN ABSENT	SUSPECTED ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	MAXIMUM	AVERAGE
AMMONIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
BIOCHEMICAL OXYGEN DEMAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
CHEMICAL OXYGEN DEMAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
TOTAL SUSPENDED SOLIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
TOTAL OIL AND GREASE (including Petroleum Hydrocarbons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L

ORGANIC CONTAMINANTS						
	KNOWN ABSENT	SUSPECTED ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	MAXIMUM	AVERAGE
BENZENE, ETHYL BENZENE, TOLUENE, XYLENES (BETX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
CHLORINATED PHENOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
POLYCYCLIC AROMATIC HYDROCARBONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
PHENOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
PETROLEUM HYDROCARBONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
SOLVENTS <i>specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
SOLVENTS <i>specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L

INORGANIC CONTAMINANTS						
	KNOWN ABSENT	SUSPECTED ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	MAXIMUM	AVERAGE
ARSENIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
CADMIUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
CHROMIUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
COBALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
CYANIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
IRON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
LEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
MANGANESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L

MERCURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
MOLYBDENUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
NICKEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
SILVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
SULPHATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
SULPHIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
ZINC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L

	MINIMUM	MAXIMUM	AVERAGE
pH			

OTHER						
SPECIFY CONTAMINANT	KNOWN ABSENT	SUSPECTED ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	MAXIMUM	AVERAGE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mg/L	mg/L

SECTION IV: CONNECTIONS TO SEWER SYSTEM

18. Use the following table to identify the number of *any* wastewater connections from the premises that ultimately discharges to a sewage system. Include and identify any connections that will be used *if* a Waste Discharge Permit is obtained through this application. Append additional sheet if needed (note: if any lines combine before discharge, identify each line separately).

	TYPE OF WASTEWATER: (ie: sanitary waste, uncontaminated water, storm water, non-domestic waste)	BY WAY OF: (ie: lateral line, manhole, temporary pipe connection)	DISCHARGES TO: (ie: sanitary sewer collection system, storm sewer, on-site system)	VOLUME: (maximum daily)
CONNECTION 1				m ³ /day
CONNECTION 2				m ³ /day
CONNECTION 3				m ³ /day
CONNECTION 4				m ³ /day
CONNECTION 5				m ³ /day

19. Identify any connections that combine before being discharged:
For example, "Connections 1 and 3 combine before being discharged"

SECTION V: WASTEWATER SOURCES AND CONTROL WORKS

20. Using the table below, identify *each* source of wastewater and any control works treating the source prior to discharge to sewer. Include and identify any sources of wastewater and their control works *if* a Waste Discharge Permit is obtained through this application. Append additional sheets is needed. Only identify sanitary plumbing fixtures if they discharge to a system other than a sanitary sewer collection system or an on-site wastewater system (ie: septic or holding tank). Only identify storm water fixtures if they discharge to a system other than a public storm sewer system.

	SOURCE OF WASTEWATER (ie: galvanizing line rinse tank)	CONTROL WORKS (ie: trade waste interceptor)	DISCHARGES TO (ie: sanitary sewer)
SOURCE 1			
SOURCE 2			
SOURCE 3			
SOURCE 4			
SOURCE 5			
SOURCE 6			
SOURCE 7			
SOURCE 8			
SOURCE 9			

SECTION VI: SITE PLAN

21. On a separate sheet appended to this application, provide a site plan clearly entitled "SECTION VI: SITE PLAN".

The site plan must include:

- (1) Location of each connection
- (2) Each wastewater source
- (3) Any control works
- (4) Flow measuring devices
- (5) Monitoring points
- (6) Sampling locations
- (7) Any information, drawings, and specifications of property lines and buildings
- (8) Any other pre-treatment works
- (9) Any other effluent lines
- (10) Any other sanitary or storm sewer connections
- (11) Any other applicable information

SECTION VII: APPENDED DOCUMENTS

22. Please list all documentation and appended materials submitted as part of this application

- Completed and signed application form
- Recent sampling data of the discharge
- Site Plan
-
-
-

SECTION VIII: DECLARATION

By signing below, the Applicant submits in confidence that all information provided in this application and any appended materials is complete and true to her or his knowledge.

Signature of Applicant

Date signed

3. Final review (must be completed by Sewage Control Manager)

- Follow current procedures to review application package and review materials;
- Confirm that the costs, impacts, and other implications of the discharge align with current Plans, budgets, and compliance measures;
- Confirm that the charges will recover all conveyance, treatment, and disposal costs of the discharge;
- Contact any government agencies that may have concerns regarding the discharge;
- Confirm with Operations Supervisor and Chief Operator of the PCC that the PCC can handle the discharge, and discuss the best dates and times for the discharge to be made;
- Review, clarify, and confirm any aspects and concerns with the Applicant;
- Prepare a final draft of the Permit;
- Request file number for the Permit from Senior Secretary;
- Contact the Applicant with final decision;
- The Sewage Control Manager *must* sign the Permit.