

The County of Oxford Sewer Use Program

The completion of this form is required by all dischargers to the sewage works under **Bylaw # 6270-2020** addressing sewer use in the County of Oxford.

Assistance in completing this form is available by calling **519-539-9800 x3192 or 3139**.

The completed form is to be forwarded to:

**County of Oxford
Sewer Use,
21 Reeve St., P.O. Box 1614
Woodstock, Ontario
N4S 7Y3**

Please print clearly while completing the form.

“Discharger Information Report”	
1	Name of Company:
2	Address of Company: Phone: _____ Fax: _____
3	Owner of property (if different from Company listed above): Phone: _____ Fax: _____
4	General Site Operation Information Number of Employees involved in: Plant: _____ Office: _____ Other: _____ Total: _____ Number of shifts per day: _____ Number of operating days per week: _____
5	Personnel to be contacted on each shift in the event of emergency or other reasons:

“Discharger Information Report”

6 Description of Product(s) or Service

Industrial Category (North American Industry Classification System)

7 Description of the Process(es) used in the Manufacturing or Servicing

Include characteristics such as Batch (how many per time period), Continuous, or Both (explanation to be provided), Seasonal Production Cycles, specific clean-up periods and clean-up activities:

8 Average Daily Water Use and Sources

Municipal Supply	Yes / No	_____m3/day	Estimated or Measured
Surface Water **	Yes / No	_____m3/day	Estimated or Measured
Ground Water *	Yes / No	_____m3/day	Estimated or Measured
Other sources **	Yes / No	_____m3/day	Estimated or Measured

If flow rate varies significantly provide peak flow rates per day and month and explanation.

* Provide copy of the Permit to Take Water (as required by the OWRA) according to By-law requirements

** If 'Yes' – provide explanation as an attachment

“Discharger Information Report”

9	<p>Discharge Points from Site</p> <p>List all discharge points of sanitary, noncontact cooling water, process wastewater, and contact cooling water and other discharge wastewater. Account for each of the flows in cubic metres per day to the sanitary sewer, storm sewer, surface drains, or evaporation losses (if applicable), Percent of water in final product (if significant and applicable to the site).</p> <p>i.e. Process wastewater from manufacturing line to sanitary sewer at an average daily flow of 200 m³/day (measured)</p>
10	<p>Known Characteristics of Discharges</p> <p>(1) Have you done actual sampling? Yes / No</p> <p>(2) Analysis completed by Laboratory? Yes/No</p> <p>(3) Analysis completed on site? Yes/No</p> <p>(4) Provide a summary of analysis done for discharges to sanitary sewer.</p>
11	<p>Physical Layout</p> <ul style="list-style-type: none"> • Provide drawings of property (to scale) showing buildings, pretreatment works, property boundaries, effluent lines, and connections to sanitary and storm sewers. • Please identify sewers. • Layout to be attached as separate documents. • A labeled block diagram of the processes. • A labeled block diagram of the pretreatment system.
12	<p>Regulation 347 Information Yes / No</p> <p>Provide any Generator registration numbers that the site under the requirements of Ontario Regulation 347 under the EPA</p>

“Discharger Information Report”

13 Pretreatment of Discharges Prior to Discharge

Does the site have any pretreatment systems for process effluents prior to discharge to the sewer system?

Yes / No

If Yes, provide a description of the pretreatment devices, contaminants removed, operational procedures for the device and description of process utilized in the device.

14 Does the site have any of the following programs in place to address discharges to the sewer system?

Pollution Prevention	Yes / No
Best Management Plan	Yes / No
Environmental Management System	Yes / No

If yes – attach copy of each to the form and explanation for implementation.

Date form completed:

Name and Title of Company representative:

Signature of Authorized Company Representative:

The information submitted in this form may subject to verification by the municipality:

For Municipality use only

date completed form received:

date information verified/approved: