

Schedule C

Discharger Information Report

Township of St. Clair



Public Works Department
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In accordance with By-Law No. 24 of 2017, a discharger shall complete a Discharger Information Report form and submit it to the Municipality within thirty (30) days of written notification by the Municipality that such report is required.

1. General Information

a) Name of Company, Corporation:	
b) Corporation Owner:	
c) Site Address:	
d) Mailing Address (if different than Site Address):	
e) Telephone Number:	
f) Fax Number:	
g) Email Address:	
h) Authorized Corporate Representative: <i>By completing this section, I state that the information contained in this report is complete, true and accurate to the best of my knowledge and belief.</i>	(Please Print)
	(Position Title)
	(Signature)
	(Date)
i) Third-party certification: <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> Other: _____	

2. Facility Information

a) Provide a brief description of the type of business, manufacturing processes, or service activities your facility conducts at this site:

b) Final products or services rendered:	
c) North American Industry Classification System (NAICS) code: Other classification codes:	
d) Number of employees: _____	
e) Shift information: Duration of shifts: _____ Number of shifts/ day: _____ Number of days/ week: _____	f) Major processes are: <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both <i>If batch, average number of batches per 24-hr day: _____</i>
g) Is the production subject to seasonal variations? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, briefly describe seasonal production cycle:</i>	
h) Are there any special downtimes, clean-up times, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, briefly describe:</i>	
i) Provide a layout sketch of the property (to scale or approximate) showing property boundaries, buildings, effluent lines and sanitary and storm sewer connections.	

3. Water Use Information

a) Types of water sources:			
	Avg. Flow/ Day (m ³ /d)		
<input type="checkbox"/> Municipal water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Private well	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
If the flowrate varies significantly, provide peak flowrates per day and month with an explanation:			
Does the facility operate under a Permit to Take Water (PTTW) as required by the <i>Ontario Water Resources Act</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, attach a copy of the PTTW.</i>			
b) Water treatment devices:			
<input type="checkbox"/> Water softener			
<input type="checkbox"/> Reverse osmosis			
<input type="checkbox"/> Other: _____			

4. Discharge Information

a) Types of discharges (identify whether the discharge is to the sanitary sewer, storm sewer, natural environment or evaporation losses):

	Avg. Flow/ Day (m ³ /d)			Discharge Location
<input type="checkbox"/> Sanitary	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
<input type="checkbox"/> Non-contact cooling	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
<input type="checkbox"/> Contact cooling	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
<input type="checkbox"/> Product/ process	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
Other:				
<input type="checkbox"/> _____	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured	_____

If the flowrate varies significantly, provide peak flowrates per day and month with an explanation:

b) Does the facility have a maintenance access point available for monitoring and sampling purposes?

YES NO

If yes, briefly describe:

c) Does the facility operate any pre-treatment devices (ex. pH adjustment, removal of metals, screening, filtration, oil and grease separation, etc.)? YES NO

If yes, briefly describe:

d) Does the facility have an Extra Strength Surcharge Agreement in place? YES NO

If yes, briefly describe:

If yes, attach a copy of the Extra Strength Surcharge Agreement.

e) Does the facility have any approvals from the Municipality for discharging any of the following into the sanitary sewer: storm water, non-contact cooling water, uncontaminated water, water from a dewatering activity or any other water from a source other than a municipal water distribution system to a sanitary sewer? YES NO

If yes, briefly describe:

If yes, attach written approval.

f) Does the facility discharge any substance to a septic tank or holding tank on-site? YES NO

If yes, briefly describe:

g) Does the facility have any Environmental Compliance Approvals (ECAs) in place (ex. for hauled waste, hauled sewage or waste disposal site leachate)? YES NO

If yes, briefly describe:

If yes, attach copies of ECAs.

h) Please indicate below any potential substance discharged into the sanitary sewer from the facility:

Conventional	<input type="checkbox"/> Biochemical Oxygen Demand	<input type="checkbox"/> Total Suspended Solids
	<input type="checkbox"/> Total Kjeldahl Nitrogen	<input type="checkbox"/> pH (unitless)
	<input type="checkbox"/> Oil and grease - animal and vegetable	<input type="checkbox"/> Chloride
	<input type="checkbox"/> Oil and grease – mineral and synthetic/ hydrocarbon	<input type="checkbox"/> Sulphide
	<input type="checkbox"/> Phosphorus (Total)	<input type="checkbox"/> Temperature (Degrees Celsius)
	<input type="checkbox"/> Phenolics (4AAP)	<input type="checkbox"/> E.coli (colony forming units per 100 mL)

Inorganics	<input type="checkbox"/> Arsenic (Total)	<input type="checkbox"/> Lead (Total)
	<input type="checkbox"/> Cadmium (Total)	<input type="checkbox"/> Manganese (Total)
	<input type="checkbox"/> Chromium (Hexavalent)	<input type="checkbox"/> Mercury (Total)
	<input type="checkbox"/> Chromium (Total)	<input type="checkbox"/> Nickel (Total)
	<input type="checkbox"/> Copper (Total)	<input type="checkbox"/> Selenium (Total)
	<input type="checkbox"/> Cyanide (Total)	<input type="checkbox"/> Silver (Total)
	<input type="checkbox"/> Iron (Total)	<input type="checkbox"/> Zinc (Total)

Organics	<input type="checkbox"/> Benzene	<input type="checkbox"/> Bis (2-Ethylhexyl) Phthalate
	<input type="checkbox"/> Chloroform	<input type="checkbox"/> Nonylphenols
	<input type="checkbox"/> 1,2-Dichlorobenzene	<input type="checkbox"/> Nonylphenol Ethoxylates
	<input type="checkbox"/> 1,4-Dichlorobenzene	<input type="checkbox"/> Aldrin/ Dieldrin
	<input type="checkbox"/> Cis-1,2-Dichloroethylene	<input type="checkbox"/> Chlordane
	<input type="checkbox"/> Trans-1,3-Dichloropropylene	<input type="checkbox"/> DDT
	<input type="checkbox"/> Ethyl Benzene	<input type="checkbox"/> Hexachlorobenzene
	<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Mirex
	<input type="checkbox"/> 1,1,2,2-Tetrachloroethane	<input type="checkbox"/> PCBs
	<input type="checkbox"/> Tetrachloroethylene	<input type="checkbox"/> 3,3'-Dichlorobenzidine
	<input type="checkbox"/> Toluene	<input type="checkbox"/> Hexachlorocyclohexane
	<input type="checkbox"/> Trichloroethylene	<input type="checkbox"/> Pentachlorophenol
	<input type="checkbox"/> Xylenes (Total)	<input type="checkbox"/> Total PAHs
	<input type="checkbox"/> Di-n-Butyl Phthalate	

i) If the discharge to the sanitary sewer has been previously analyzed, please provide copies of laboratory analysis.

5. Waste Disposal Practices

a) Does the facility generate any waste that is not discharged to the sanitary or storm sewer?

YES NO

If yes, MOECC Generator Registration Number:

If yes, outline below:

Description of Waste Stream	Name of Hauler	Typical Disposal Volume/ Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

6. Spill Prevention

a) Are any bulk materials stored on-site? YES NO

If yes, outline below:

Material	Stored Volume (L)	Location within Facility	Secondary Containment Type
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

b) Are spill response procedures prominently displayed? YES NO

c) Are spill kits present on-site? YES NO

If yes, please describe (quantity and location on-site):

7. Supporting Documentation

Attached supporting documentation:

- Layout sketch of property
- Permit(s) to Take Water
- Extra Strength Surcharge Agreement
- Written approval for discharges to sanitary sewer
- Environmental Compliance Approval(s)
- Sanitary sewer analytical results
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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Reviewer:

Comments: