CITY OF ABBOTSFORD

SEWER REGULATIONS BYLAW

Bylaw No. 2664-2017

WASTEWATER DISCHARGE PERMIT APPLICATION

This is an application for a Wastewater Discharge Permit under the following Bylaw:

City of Abbotsford Sewer Regulations Bylaw No. 2664-2017

General Instructions

- *Provide all required information and attachments.*
- *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 as required.*
- *Send the completed application form and attachments to the following:*

Attn: Source Control Program
Abbotsford/Mission Water & Sewer Services
32315 South Fraser Way
Abbotsford, B.C. V2T 1W7

Telephone: (604) 853-5485
Facsimile: (604) 557-1457

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Wastewater Discharge Permit Conditions

In consideration of the granting of a Wastewater Discharge Permit, the Applicant must agree:

(a) to accept and abide by the Terms and Conditions herein;

(b) to accept and abide by the City of Abbotsford Sewer Regulations Bylaw No. 2664-2017;

(c) to provide any additional information on the Wastewater Discharge as required by City staff;

(d) to cooperate at all times with City staff in the inspection, sampling and study of the Wastewater facilities and Discharges;

(e) to ensure that no other Wastes are discharged into the Sanitary Sewer other than the agreed upon Wastewater;

(f) to operate only the Wastewater Discharge point(s) to the Sanitary Sewer as authorized under this permit;

(g) to inspect any Pretreatment equipment on a regular basis to ensure that it remains in good working order, and to notify City staff immediately of any malfunction of these works;

(h) to provide a Monitoring Point on the Discharge pipe entering the Sanitary Sewer, placing the Monitoring Point in such a location that it is easily accessible by City staff;

(i) to immediately notify the City, as specified in Section 30 (5), and to undertake appropriate remedial action in the event of an accidental Discharge to any Sewer;

(j) without limiting Subsection (b) of these conditions, to pay the applicable Sanitary Sewer user fees, as set out in the City's *Fees and Charges Bylaw, 2006*, to allow City staff to obtain Discharge volumes by recording meter readings from a City Water Meter or a Sanitary Sewer meter; and if, a Sanitary Sewer meter is used to determine Sanitary Sewer use fees, to install the Sanitary Sewer meter in such a location that is easily accessible to City staff; and to provide City staff with confirmation of the Sanitary Sewer meter accuracy prior to discharging any Wastewater into the Sanitary Sewer;

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Wastewater Discharge Permit Conditions (cont'd)

In consideration of the granting of a Wastewater Discharge Permit, the Applicant must agree:

(k) to pay the City any applicable charges for treatment and trunk Sanitary Sewer; as established in the *Development Bylaw No. 3260-2022* and calculated by the Engineer in accordance with that bylaw;

(l) to pay the City any applicable charges for Biochemical Oxygen Demand (BOD) and/or Total Suspended Solids (TSS) Waste, as set out in the City's *Fees and Charges Bylaw No. 1532-2006*;

(m) to apply for a revised Wastewater Discharge Permit if any changes in the processes, production, and methods of Wastewater treatment or operations creates a significant change in Wastewater volume or quality; and

(n) to pay all costs related to this Wastewater Discharge Permit are to be borne by the applicant.

The Engineer may modify the conditions of this agreement, subject to providing notice and reasons to the Applicant, and may suspend or revoke the Wastewater Discharge Permit at any time if the Engineer considers it necessary for public health or safety, the Permit holder has not complied with this Bylaw, or that any of the conditions of this Permit have been contravened.

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SECTION A: APPLICANT INFORMATION

Company Name:	
Business License #:	*Expiry Date:*
Contact Name:	
Title:	
Email:	
Telephone:	

Site Address:

House No.	Street	
City	Province	Postal Code

Mailing Address: □ *Same as Site Address*

House No.	Street	
City	Province	Postal Code

Permit Application Information *(Check One)**:***

□ Permit Renewal	□ Existing Unpermitted Discharge
□ Permit Amendment	□ Proposed New Discharge
□ Proposed Short-Term Discharge (i.e. water main projects, storm sewer projects, etc.)	

Date Permit Required:	

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION B: PROCESS DESCRIPTION

1. Nature of Business

Briefly describe your business and the main activities producing wastewater, or proposed to produce wastewater, at the applicable site (type of processing, manufacturing, service, etc.).

Attach additional pages if necessary.

2. Raw Materials & Products/Byproducts Identification

Indicate the raw materials used, or proposed to be used, and the products/byproducts that are produced, or proposed to be produced, in your process. Include a daily volume or mass used for each material or product/byproduct. Attach additional pages if necessary.

RAW MATERIALS	DAILY AMOUNT *(m^3 or kg)*

PRODUCTS / BYPRODUCTS	DAILY AMOUNT *(m^3 or kg)*

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SECTION C: WATER SOURCES & LOSSES

1. **Water Sources** - Indicate the average daily volume contributed, or proposed to be contributed, from each Water source.

WATER SOURCE	DAILY VOLUME (m^3)
Municipal	
Private Water Company	
Surface Water (Lake, Pond)	
On-Site Well	
Other Source(s)	

2. **Water Losses**

Is there or will be any water used in product manufacturing or lost through evaporation?	□ Yes □ No
If yes, describe and provide amounts: *Attach additional pages if necessary.*	

SECTION D: WASTEWATER SOURCES

Indicate the sources of Wastewater including how they are formed, whether the formation is continuous or in batches, and what the expected daily volume of Wastewater Discharge to the Sanitary Sewer is. Attach additional pages if necessary.

WASTEWATER SOURCE	CONTINUOUS or BATCH	DAILY VOLUME (m^3)

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SECTION E: OPERATING PERIOD

1. Typical Operating Period

Specify the typical operating period for your business:

HOURS/DAY	*DAYS/WEEK*	*WEEKS/YEAR*

Are the typical days of operation for your business Monday through Friday? □ Yes □ No

If no, indicate the typical days of operation for your business:

□ *Monday*	□ *Tuesday*	□ *Wednesday*	□ *Thursday*
□ *Friday*	□ *Saturday*	□ *Sunday*	

Specify the typical hours of operation for your business (as a percentage %):

08:00 to 16:00	*16:00 to 24:00*	*0:00 to 08:00*

2. Seasonal Variations

Does, or will, your business operate on a seasonal basis? □ Yes □ No

If yes, indicate the typical months of operations for your business:

□ *January*	□ *February*	□ *March*	□ *April*
□ *May*	□ *June*	□ *July*	□ *August*
□ *September*	□ *October*	□ *November*	□ *December*

How does, or how will, your business reduce operations during non-peak periods?

□ *Reduce rate of processing*	□ *Reduce hours of operation*
□ *Other:* _____	□ *Not applicable*

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SECTION F: FLOW INFORMATION

Maximum Daily Discharge Volume:	□ *Litres* □ *m^3*
Peak Flow Rate:	□ *L/s*
Maximum Discharge Duration:	*Hours/day*
	Days/week
	Weeks/year

Indicate what method is used, or will be used, for measuring volumes of Wastewater discharged to the Sanitary Sewer:

□ *Magnetic flow meter*	□ *Parshall flume*
□ *Water Meter*	□ *Other:* _____

SECTION G: WASTEWATER PRETREATMENT

Indicate pretreatment devices or processes that you are currently using, or proposing to use, to treat individual or combined Wastewater streams prior to Discharge to the Sanitary Sewer. Check as many as appropriate.

□ *Air Flotation*	□ *Grease or Oil Separator*	□ *Sedimentation*
□ *Ozonation*	□ *Grease Trap*	□ *Ion Exchange*
□ *Chemical Precipitation*	□ *Reverse Osmosis*	□ *Settling*
□ *pH Adjustment*	□ *Screening*	□ *Precipitation*
□ *Filtration*	□ *Grit Removal*	□ *Other:* _____
□ ***No pretreatment***		

Note: *Identify each indicated treatment process on the Schematic Flow Diagram and Site Layout (Attachments A and B required under Section L of this Application).*

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SECTION H: MONITORING POINT LOCATION

A Monitoring Point must be designated for each Non-Domestic Wastewater connection to the Sanitary Sewer system and shall not include any Domestic Waste. The Monitoring Point must be downstream of any Pretreatment processes and complete mixing must have occurred. Identify the current or proposed Monitoring Point location(s) in the Site Layout (Attachment B required under Section L of this Application) and describe the current or proposed Monitoring Point(s) below.

Attach additional pages if necessary.

SECTION I: SPILL PREVENTION AND CONTAINMENT

Do you have any provisions to prevent spills from entering the Sanitary Sewer? □ *Yes* □ *No*

If yes, briefly describe:

Attach additional pages if necessary.

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SECTION J: WASTEWATER CLASSIFICATION AND QUALITY

Indicate whether any of the following types of Wastes, as defined in Section 26 and Schedules "B" and "C" of the Sewer Regulations Bylaw No. 2664-2017, are contained in, or will be contained in, Wastewater discharged to the Sanitary Sewer.

PROHIBITED WASTES	YES	NO
Storm Water	☐	☐
Uncontaminated Water / Cooling Water	☐	☐
Radioactive Waste or Isotopes	☐	☐
Waste causing air pollution	☐	☐
Flammable or Explosive Waste	☐	☐
Waste causing obstruction or interference	☐	☐
Corrosive Waste	☐	☐
Waste with a temperature above 54ºC	☐	☐
Food waste containing particles >5mm in any direction	☐	☐
Biomedical Waste	☐	☐

Indicate whether the following types of Waste, as defined in Section 26 and Schedules "B" and "C" of the Sewer Regulations Bylaw No. 2664-2017, are contained in, or will be contained in, the Wastewater discharged to the Sanitary Sewer. Where the answer is yes, please provide the concentration or range for each Waste before and after treatment. Provide actual analytical data wherever possible. Units should be expressed as mg/L, except as noted.

RESTRICTED WASTES	YES	NO	BEFORE PRETREATMENT (CONCENTRATION OR RANGE)	AFTER PRETREATMENT (CONCENTRATION OR RANGE)
Wastewater pH (pH units)	☐	☐		
Total Suspended Solids	☐	☐		
Total Biochemical Oxygen Demand (BOD)	☐	☐		

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RESTRICTED WASTES	YES	NO	BEFORE PRETREATMENT (CONCENTRATION OR RANGE)	AFTER PRETREATMENT (CONCENTRATION OR RANGE)
Total Oil and Grease	☐	☐		
Oil and Grease (Hydrocarbons)	☐	☐		
Total BETX	☐	☐		
• Benzene	☐	☐		
• Ethylbenzene	☐	☐		
• Toluene	☐	☐		
• Xylene	☐	☐		
Tetrachloroethylene	☐	☐		
Polynuclear Aromatic Hydrocarbons (PAHs)	☐	☐		
Phenols	☐	☐		
Chlorinated Phenols	☐	☐		
Sulphate	☐	☐		
Sulphide	☐	☐		
Cyanide	☐	☐		
Aluminum	☐	☐		
Arsenic	☐	☐		
Boron	☐	☐		
Cadmium	☐	☐		
Chromium	☐	☐		
Cobalt	☐	☐		

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RESTRICTED WASTES	YES	NO	BEFORE PRETREATMENT (CONCENTRATION OR RANGE)	AFTER PRETREATMENT (CONCENTRATION OR RANGE)
Copper	☐	☐		
Iron	☐	☐		
Lead	☐	☐		
Manganese	☐	☐		
Mercury	☐	☐		
Molybdenum	☐	☐		
Nickel	☐	☐		
Selenium	☐	☐		
Silver	☐	☐		
Zinc	☐	☐		

Indicate whether any of the following Wastes are contained in, or will be contained in, the Wastewater discharged to the Sanitary Sewer. Where the answer is yes, please provide the concentration or range for each Waste before and after treatment. Provide actual analytical data wherever possible. Units should be expressed as mg/L, except as noted.

OTHER SUBSTANCES	YES	NO	BEFORE PRETREATMENT (CONCENTRATION OR RANGE)	AFTER PRETREATMENT (CONCENTRATION OR RANGE)
Biphenyls	☐	☐		
Carbon Tetrachloride	☐	☐		
Chemical Oxygen Demand (COD)	☐	☐		
Total Polychlorinated Biphenyls (PCBs)	☐	☐		
Trichloroethylene	☐	☐		

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HAZARDOUS WASTES	YES	NO
Does your Wastewater Discharge contain Hazardous Waste, prior to treatment?	☐	☐
Does your Wastewater Discharge contain Hazardous Waste, following treatment?	☐	☐

If yes to either of the above, detail (on a separate page) the provisions taken to comply with Column 3 of Schedule 1.2 (Standard for Discharges Directed to Municipal or Industrial Effluent Treatment Works) of the Hazardous Waste Regulation. Please provide supporting information and analytical data.

Does your business use corrosion inhibitors in its heating and cooling system, e.g. boilers, refrigeration, air conditioning?	□ *Yes* □ *No*
If yes, provide the product name and/or attach Safety Data Sheet with the application. _____	

SECTION K: EXPANSION PLANS

Are any process changes or expansions planned for your operation during the next three years that could alter Wastewater volumes or quality? Consider production processes as well as Pretreatment processes.	□ *Yes* □ *No*
If yes, briefly describe these changes and their effects on the Wastewater volume and quality:	

Attach additional pages if necessary.

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SECTION L: REQUIRED ATTACHMENTS

Attachment A: Schematic Flow Diagram

The schematic flow diagram must be a simple line drawing illustrating production/process steps at your facility, with particular emphasis on the processes that generate Wastewater and their associated Pretreatment systems. Your diagram should include:

- Each process that generates Wastewater (number each Waste source);
- Additional schematics of each Wastewater Pretreatment process;
- Process Water flow lines;
- Wastewater flow lines; *and*
- Sewer Discharge point(s).

Attachment B: Site Layout

The site layout locates each activity and process in a geographical setting. The site layout, at minimum, should include:

- Building outlines;
- Property lines;
- North arrow;
- Wastewater drainage/collection/Pretreatment systems;
- Locations of any continuous monitoring equipment (pH, flow meters, etc.);
- Monitoring Point location(s); *and*
- Sewer Discharge point(s).

Both of the attachments should be no smaller than 8.5x11 inches (21.59 cm x 27.94 cm) and no larger than 11x17 inches (27.94 cm x 43.18 cm).

SECTION M: REQUIRED PERMIT

Indicate below the length of time that you require a Wastewater Discharge Permit. Please note that the maximum term for a Wastewater Discharge Permit is one year.

□ 0 - 30 days	□ 31 - 90 days	□ 91 - 180 days	□ 181 - 270 days	□ 271 - 365 days

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SECTION N: DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	
Name (Please Print)	***Title***
Signature	***Date***

If you elect to appoint another company employee or consultant as the primary contact for this Application, please complete the following:

PRIMARY CONTACT INFORMATION	
Name (Please Print)	***Title***
Company Name (If Consultant)	***Date***
Signature	***Email Address***