Abbotsford Mission
Water & Sewer Services

Wastewater Discharge Assessment Form for Discharges to the Sanitary Sewer

1. Facility & Contact Information:	**Assessment #: WWDA-_____-_____**
Company Name:	
Business Address:	**Mailing Address** *(if different from Business Address)*:
Contact Name:	**Position and Title:**
Email Address:	**Phone Number:**
Days and Hours of Operation:	**Is your business operation seasonal or year-round?** □ Seasonal □ Year-round

Select the type(s) of operation that best describes your business. (Check all that apply)

□ Metal Plating/Finishing
□ Granite/Stone Cutting or Grinding
□ Dental Operation
□ Automotive/Mechanical Repair
□ Dry cleaning
□ Food Processing
□ Wine/Beer Making or Brewing
□ Photo Imaging (including X-ray Development)
□ Vehicle Wash
□ Other: _____

2. Process Description:

Describe Nature/Type of Business:

_____

_____

_____

3. Wastewater Sources:

Indicate the sources of wastewater, e.g. process water, equipment cleaning, floor washdown, etc.

_____

_____

_____

4. Existing Processes & Wastewater Generation:		
a)	Type of service connection.	□ Sanitary Sewer □ Septic System* **If you answer "Septic System," please do not proceed with the rest of the questionnaire.*
b)	Does or will your business discharge non-domestic wastewater (e.g. process water, wash water, etc.) to the sanitary sewer?	□ Yes □ No
c)	Date of operations *(MM-DD-YYYY)*	
d)	Are there floor drains inside the shop?	□ Yes □ No
e)	Are liquid materials stored with proper spill containment?	□ Yes □ No □ N/A
f)	Are you able to provide analytical data on your wastewater?	□ Yes* □ No **If yes, please attach or include the data.*
g)	What is the estimated monthly volume of wastewater that your business currently or plans to discharge?	_____ m^3/mth
h)	Does or will your business produce or store onsite, **Hazardous Waste** as defined under the Hazardous Waste Regulation of the provincial Environmental Management Act?	□ Yes □ No
i)	Does or will your business discharge **Restricted Waste** as defined under the City of Abbotsford Sewer Regulations Bylaw No. 2664-2017?	□ Yes □ No
j)	Does or will your business discharge **Prohibited Waste** as defined under the City of Abbotsford Sewer Regulations Bylaw No. 2664-2017?	□ Yes □ No
k)	Does or will your business discharge surfactants (e.g. detergent, emulsifier, foaming agent)?	□ Yes □ No *If "Yes," please provide the following details:* *Type/brand of surfactant:* _____ *Daily usage in m^3:* _____

3. Declaration:

I declare that the information on this form is correct and accurate to the best of my knowledge.

Name	*Title*
Signature	*Date*