

RETURN THE COMPLETED APPLICATION TO:

Mailing Address:

City of Abbotsford
32315 South Fraser Way
Abbotsford, B.C. V2T 1W7

Email:

James-Clerical@abbotsford.ca

To ensure your application is processed efficiently, please follow the instructions below:

- Complete all required fields.
- If certain information is not available, indicate this and provide an explanation.
- Do not leave any fields blank. Indicate “N/A” for any sections that are not applicable.
- Attach additional pages as needed.
- Submit the completed application form by mail or email using the contact details above.

General Information

1. Applications will be processed within approximately 10 business days and the applicant will be notified of the outcome by email.
2. Applicants are advised to review the [JAMES Plant TLW Procedure Manual](#) prior to completing this application. Most questions related to the application process are addressed in the manual.
3. Providing false or misleading information may result in the rejection of your application.
4. The Procedure Manual and other forms are available at: www.abbotsford.ca/TLW.

For any questions regarding the application:

- Call the JAMES Plant Operations at 604-557-4424
- Email james-clerical@abbotsford.ca

APPLICANT INFORMATION

Business Name:	
Business License Number(s) with the City of Abbotsford and/or the City of Mission:	
Business Address <i>(Unit #, Street #, Street Name):</i>	
<i>(City and Province):</i>	<i>(Postal Code):</i>
Mailing Address <i>(if different from business address):</i>	
<i>(City and Province):</i>	<i>(Postal Code):</i>

MAIN CONTACT PERSON FOR THIS APPLICATION

Name and Title:	
Company Name:	
Telephone #:	Mobile #:
Email Address:	

GENERAL INFORMATION

1. What is the expected frequency of discharge? *(e.g., 3x/daily, 2x/weekly, monthly, etc.)*

2. What is the expected average volume of each discharge in litres?

3. What is the requested duration of authorization?

<input type="checkbox"/> One day	<input type="checkbox"/> One week	<input type="checkbox"/> One Month	<input type="checkbox"/> One Year	<input type="checkbox"/> Ongoing
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4. The JAMES Plant TLW Facility only accepts domestic wastewater except Grease Trap Waste diluted with septage at a ratio of 1:10 prior to discharge. Do you expect to discharge waste other than domestic waste? If yes, provide more information.

5. What are the expected source(s) of the Trucked Liquid Waste (TLW)? Check all that apply.

<input type="checkbox"/> Septic Tanks	<input type="checkbox"/> Holding Tanks
<input type="checkbox"/> Portable Toilet	<input type="checkbox"/> Grease Trap Waste
<input type="checkbox"/> Others:	

6. Provide a list of all vehicles your business intends to use for discharging liquid waste at the JAMES Plant TLW Facility.

Description of Vehicle #1:
Capacity: <input type="checkbox"/> Litres
Make & Year:
License Number:

Description of Vehicle #2:
Capacity: <input type="checkbox"/> Litres
Make & Year:
License Number:

Description of Vehicle #3:	
Capacity:	<input type="checkbox"/> Litres
Make & Year:	
License Number:	

Description of Vehicle #4:	
Capacity:	<input type="checkbox"/> Litres
Make & Year:	
License Number:	

APPLICANT DECLARATION

I declare that the information provided in this application is true, complete, and accurate to the best of my knowledge.

Full Name	Title
Signature	Date Completed