

WASTE DISCHARGE ASSESSMENT FORM

Scientific Programs
625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6
Tel: 360-3256 Fax: 360-3254

DATE: ____/____/____ COMPANY NAME: _____
Day Month Year

CONTACT PERSON: Mr. Ms. Mrs. _____ TITLE: _____

TELEPHONE NO: _____ FAX NO: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

TYPE OF BUSINESS: _____

BUSINESS SITE ADDRESS: _____
(if different from mailing address)

Please answer the following questions by circling the choice(s) where they apply to your business site.

1. Which of the following type(s) of operations are, or will be carried out on site at this business? (Check all that apply):

- Food services
- Dental operations
- Photographic imaging (including X-ray development)
- Dry cleaning
- Auto service & repair
- Car wash
- Printing
- Carpet Cleaning
- Fermentation (Beer/Wine/Cider/etc.)
- Laboratory operations
- Recreation facility operations
- Other: _____

2. What municipality will the business be located in?

- Colwood
- Langford
- Metchosin
- View Royal
- Esquimalt
- Salt Spring Island
- Victoria
- Saanich
- Central Saanich
- North Saanich
- Sidney
- Oak Bay
- Highlands
- Other: _____

3. Which will your business be serviced by:

- Sanitary sewer system
- Septic system

4. What date did, or will, the business commence operation?

5. Will the waste from this operation be discharged to treatment works specified in the applicable codes of practice (Section 1)?

- Yes
- No
- Don't know

Installation date: _____

6. Will the operation use off-site waste management to comply with the requirements of applicable codes of practice (Section 1)?

- Yes, all
- Yes, some
- No
- Don't know

7. List non-domestic waste discharge sources (e.g. production area, kitchen).

8. List treatment works utilized or planned (e.g. screens, grease interceptor)

9. Is there access for sampling wastewater on your site?

- Yes
- No
- Don't Know

10. Have discharges to sewer been sampled and analyzed at your site?

- Yes No Don't Know
- (If yes, please attach any relevant sampling data you may have).

11. What is the volume of wastewater that your business will discharge to the sanitary sewer each day:

- Specify volume if known: _____
 Otherwise check one of the following volume ranges (L):
 1 Litre = 0.22 Gallons
- Less than 1,000 1,000 to 10,000
 - 10,000 to 50,000 Greater than 50,000

12. Does your business use any of the following to dispose of liquid wastes?

- Storm drain Landfill
- Septic tank/ground Waste disposal
- Incineration/evaporation pick-up/recycling
- Other: _____

13. Does your business produce, or store on-site, Hazardous Wastes as defined under the Hazardous Waste Regulation of the Environmental Management Act of British Columbia?

- Yes No Don't Know

14. Do you already have a copy (or access to a copy) of the Capital Regional District Sewer Use Bylaw No. 5, 2001 (Bylaw 2922), Municipal Stormwater Bylaw and the Code of Practice applicable to your operation?

- Yes No

(for more information refer to the CRD website at www.crd.bc.ca/es Regional Source Control Program, (Bylaw 2922) or call 250-360-3256).

I, _____, declare that the information given on this form is correct and accurate to the best of my knowledge.	
_____ (Date) / (Month) / (Year)	_____ Signature
	_____ Name (Please print) Title

Please return your completed form to:

Capital Regional District, Regional Source Control Program
 Scientific Programs
 625 Fisgard Street, PO Box 1000
 Victoria, BC V8W 2S6

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information contained on this form is collected and will only be used for the purpose of reporting and processing this waste discharge assessment form.

Enquiries about the collection or use of information on this form can be directed to the Environmental Services freedom of information and protection of privacy contact, manager, administrative services, 360-3089.