



Making a difference...together

# Waste Discharge Assessment Form

Environmental Protection  
625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6  
Tel: 250.360.3256 Fax: 250.360.3079

FACILITY INFO	New Business <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership <input type="checkbox"/> Renovation <input type="checkbox"/>
NAME & LOCATION OF OPERATION	Facility Name _____ Facility Location Address _____ Municipality _____ Postal Code _____ Phone _____ Facility Mailing Address – same as facility <input type="checkbox"/> or: _____ Chain <input type="checkbox"/> Franchise <input type="checkbox"/> Private Owner <input type="checkbox"/>
REGISTERED OWNER <input type="checkbox"/> LEASEE(S) <input type="checkbox"/> OF OPERATION	Registered Owner/Leasee Name _____ Mailing Address _____ City _____ Postal Code _____ Phone _____ Email _____ Website _____
MANAGER/ MAIN CONTACT OF OPERATION	Contact Name _____ Position _____ Phone _____ Fax _____ Email _____
ENGINEER, PLUMBER OR CONTRACTOR	Contact Name _____ Position _____ Phone _____ Fax _____ Email _____

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

- Carpet Cleaning
- Dental Operations
- Dry Cleaning
- Fermentation (beer/cider/wine/etc.)
- Laboratory Operations
- Mechanical Service & Repair
- Photographic Imaging (including x-ray development)
- Printing
- Recreation Facility Operations
- Vehicle Wash
- Other: \_\_\_\_\_

For further information on Bylaw 2922 and the accompanying Codes of Practice please refer to our website at:  
**[www.crd.bc.ca/sourcecontrol](http://www.crd.bc.ca/sourcecontrol)**  
or call 250.360.3256



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2. Which will your business be serviced by:     Sanitary sewer system                       Septic system
3. Will the waste from this operation be discharged to treatment works specified in the applicable codes of practice (e.g. oil water separator, amalgam separator)?  
 Yes                       No                       Don't know  
 If yes, please list treatment works utilized or planned and attach all applicable drawings (ie. engineered floor plans, plumbing plans, plumbing schematics, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Will the operation use off-site waste management to comply with the requirements of applicable codes of practice?  
 Yes                       No                       Don't know
5. Is there access for sampling wastewater on your site?  
 Yes                       No                       Don't know
6. What is the volume of wastewater that your business will discharge to the sanitary sewer each day?  
 Specify volume if known: \_\_\_\_\_                      1 litre (L) = 0.22 Gallons  
 Otherwise check one of the following volume ranges:  
 Less than 1,000 L/day     1,000 to 10,000 L/day     10,000 to 50,000 L/day     Greater than 50,000 L/day
7. 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: \_\_\_\_\_

**Please submit your completed form and any additional attachments:**

**By Email:**  
sourcecontrol@crd.bc.ca

**By Fax:**  
250.360.3079

**By Mail:**  
Capital Regional District, Regional Source Control Program  
Environmental Protection  
625 Fisgard Street, PO Box 1000  
Victoria, BC V8W 2S6

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

Personal information contained on this form 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 Manager, Information Services at 250.360.3639.