

Form #1

The Municipality of Chatham-Kent Short Discharger Information Report

The completion of this form is required by all dischargers to the sewage works under Bylaw # 4-2000.

If you have any questions on the completion of this form, please call 226-312-2023 extension 4330

The completed form is to be emailed to [backflow@chatham-kent.ca](mailto:backflow@chatham-kent.ca)

Please print clearly while completing the form.

1.	Name of Company
2.	Address of Company  Contact Name: Phone Number: Email Address:
3.	Owner of the Property (if different from the Company listed above)  Contact Name: Phone Number: Email Address:
4.	Brief description of the product or service

5.	Brief description of the process(es) used in the manufacturing or servicing			
6.	Are there or will there be any of the following wastewater discharges from the processes as described in #5.			
	process wastewater	Yes/No		
	cooling water	Yes/No		
	other sources of wastewater other than sanitary (if yes, provide brief description):	Yes/No		
7.	Does the site have any existing connections to the following sewers?			
	sanitary	Yes/No		
	combined	Yes/No		
	storm	Yes/No		
8.	Location of process units?	Inside	Outside	
	Storage of raw materials?	Inside	Outside	
	Storage of intermediate products?	Inside	Outside	
	Storage of final products?	Inside	Outside	

9.	Does the site have any of the following programs in place to address discharges to the sewer system?	
	Pollution Prevention	Yes/No
	Best Management Plan	Yes/No
	Environmental Management System (ISO 14001 or other system – please specify)	Yes/No
	Other program/practices – please specify	Yes/No

Date form Completed:

Name and Title of Company Representative:

Signature of Authorized Company Representative:

Note: Completion of the "Complete Discharger Information Report" may be required based on this report and/or subsequent verification of the site by the Municipality.

For Municipality use only - date completed form received:

**Form #2**

**The Municipality of Chatham-Kent Complete Discharger Information Report**

The completion of this form is required by all dischargers to the sewage works under Bylaw # 4-2000.

If you have any questions on the completion of this form, please call 226-312-2023 extension 4330

The completed form is to be emailed to [backflow@chatham-kent.ca](mailto:backflow@chatham-kent.ca)

Please print clearly while completing the form.

Additional information and attachments – are required. Please indicate what material has been attached to ensure that the PUC is aware of all the information provided.

1.	Name of Company
2.	Address of Company  Contact Name: Phone Number: Email Address:
3.	Owner of the Property (if different from the Company listed above)  Contact Name: Phone Number: Email Address:

4.	Brief description of product or service - Include Standard Industrial Code (SIC) - state if SIC is Canadian or American
5.	Brief Description of the process(es) used in the manufacturing or servicing - include characteristics such as batch (how many per time period), continuous, or both (explanation to be provided), seasonal production cycles, specific clean-up periods and clean-up activities

6.	<b>General Site Operation Information</b>			
	Number of Employees involved in:			
	plant:	office:	other:	Total:
	Number of shifts per day:			
Number of operating days per week:				
7.	<b>Average Daily Water Use and Sources</b> – Specify flows from each source. If flow rate varies significantly provide peak flow rates per day and month and explanation.			
	Municipal Supply	Yes/No	_____m3/day	Estimated or
	Surface Water**	Yes/No	_____m3/day	Estimated or Measured
	Ground Water*	Yes/No	_____m3/day	Estimated or Measured
	Storm Water	Yes/No	_____m3/day	Estimated or Measured
	Other sources**	Yes/No	_____m3/day	Estimated or Measured
	* Provide copy of the Permit to Take Water as required by the OWRA ** If 'Yes' - provide explanation as an attachment			
8.	Location of process units?	Inside	Outside	Outside but covered
	Storage of raw materials?	Inside	Outside	Outside but covered
	Storage of intermediate products?	Inside	Outside	Outside but covered
	Storage of final products?	Inside	Outside	Outside but covered

9.	<b>Physical Layout</b>  Provide sketch of property (to scale or approximate) showing buildings, pretreatment works, property boundaries, effluent lines, and connections to sanitary, combined and storm sewers.  Layout should be attached as separate document - leave note to indicate submission with this form. A flow diagram of the site flows/processes is also required.								
10.	<b>Discharge Points from Site</b>  On an attachment, list the discharge points shown on the Sketch provided for question #9. For each discharge point to the sanitary sewer, combined sewer and storm sewer, specify the average daily flow in cubic meters per day of each of:  <div><input type="checkbox"/> sanitary</div> <div><input type="checkbox"/> noncontact cooling water</div> <div><input type="checkbox"/> process wastewater</div> <div><input type="checkbox"/> contact cooling water</div> <div><input type="checkbox"/> other discharge water</div> <div><input type="checkbox"/> groundwater</div> <div><input type="checkbox"/> surface water.</div> <div>e.g.: process wastewater from manufacturing line to sanitary sewer at an average daily flow of 200 m3/day (measured).</div> <div>Specify evaporation losses (if applicable), and percent of water in final product (if significant and applicable to the site).</div>								
11.	<b>Known Characteristics of Discharges</b>  For each of the discharges listed in # 8 provide existing data on chemical composition of the discharge. Provide this information on the parameter information forms provided with this form. Include copies of laboratory reports.								
12.	<div>Does the site have any of the following programs in place to address discharges to the sewer system?</div> <table><tr><td>Pollution Prevention</td><td>Yes/No</td></tr><tr><td>Best Management Plan</td><td>Yes/No</td></tr><tr><td>Environmental Management System (ISO 14001 or other system – please specify</td><td>Yes/No</td></tr><tr><td>Other program/practices</td><td>Yes/No</td></tr></table>	Pollution Prevention	Yes/No	Best Management Plan	Yes/No	Environmental Management System (ISO 14001 or other system – please specify	Yes/No	Other program/practices	Yes/No
Pollution Prevention	Yes/No								
Best Management Plan	Yes/No								
Environmental Management System (ISO 14001 or other system – please specify	Yes/No								
Other program/practices	Yes/No								

13.	<p><b>Physical Layout</b></p> <p>Provide sketch of property (to scale or approximate) showing buildings, pretreatment works, property boundaries, effluent lines, and connections to sanitary, combined and storm sewers.</p> <p>Identify sewers as listed on the Parameter Information Form as completed above. * Layout may be attached as separate document - leave note to indicate submission with this form.</p> <p>Provide a flow diagram of the site flows/processes</p>
14.	<p><b>Regulation 347 Information</b></p> <p>Provide Generator Registration Numbers for the disposal of subject waste from the site as required by Ontario Regulation 347 under the EPA.</p>

Date form Completed:

Name and Title of Company Representative:

Signature of Authorized Company Representative:

Note: Completion of the "Complete Discharger Information Report" may be required based on this report and/or subsequent verification of the site by the Municipality.

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