

Form 1

The Town of The Blue Mountains Sewer Use Program

Abbreviated Discharger Information Report

If required by The Town of The Blue Mountains, this form is to be completed by all dischargers to the sanitary works under By-law 2019-62 addressing sewer use in The Town of The Blue Mountains.

**If you have any questions on the form, please call (519) 599-3131 ext. 284

The completed form is to be forwarded to:

Operations Department

The Town of The Blue Mountains

32 Mill Street, Box 310,

Thornbury, Ontario N0H 2P0

Please print clearly while completing the form.

| | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Name of Company |
| 2 | Address of Company Phone: Fax: |
| 3 | Owner of Property (if different from Company listed above) Phone: Fax: |
| 4 | Brief Description of 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 description as provided above? Process Wastewater Yes / No Cooling Water Yes / No Other sources of wastewater (other than sanitary) Yes / No If yes, provide a brief description |

| | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| 7 | Does the site have any existing connections to the following sewers? Sanitary Yes / No Storm Yes / No |
| 8 | Location of processes, materials and products 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 | 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 Yes / No Other program / practices Yes / No |

Date Form Completed: _____

Name and Title of Company Representative: _____

Signature of Authorized Company Representative: _____

Note:

Completion of the "Detailed Discharger Information Report" may be required based on this report and/or subsequent verification of the site by the Town.

For Town use only – Date completed form received: _____