

Form 2

The Town of The Blue Mountains Sewer Use Program

Detailed Discharger Information Report

The completion of this form by dischargers to wastewater works is required under certain circumstances 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 note the following:

Please print clearly while completing the form.

Additional information and attachments will be required.

Indicate the total number of attachments to this form: _____

1	Name of Company
2	Address of Company Phone: Fax:
3	Owner of Property (if different from Company listed above) Phone: Fax:
4	General Site Operation Information Number of Employees Office: _____ Plant: _____ Other: _____ Total: _____ Number of shifts per day: _____ Number of operating days per week: _____
5	Description of Product(s) or Service: Include Standard Industrial Code (SIC), state if SIC is Canadian or American.

6	<p>Description of the Process(es) used in the Manufacturing or Servicing:</p> <p>Include characteristics such as Batch (how many over time period), continuous or both (explanation to be provided), seasonal production cycles, specific clean-up periods and clean-up activities:</p>												
7	<p>Average Daily Water Use and Sources:</p> <table data-bbox="261 636 1284 779"> <tr> <td>Municipal Supply</td> <td>Yes / No</td> <td>_____ m³/day Estimated / Measured</td> </tr> <tr> <td>Surface water*</td> <td>Yes / No</td> <td>_____ m³/day Estimated / Measured</td> </tr> <tr> <td>Groundwater**</td> <td>Yes / No</td> <td>_____ m³/day Estimated / Measured</td> </tr> <tr> <td>Other Sources**</td> <td>Yes / No</td> <td>_____ m³/day Estimated / Measured</td> </tr> </table> <p>If flow rate varies significantly, provide peak flow rates per day and month and explanation.</p> <p>*Provide a copy of Permit to Take Water (as required by OWRA) according to By-law requirements.</p> <p>** If Yes – please provide an explanation as an attachment.</p>	Municipal Supply	Yes / No	_____ m ³ /day Estimated / Measured	Surface water*	Yes / No	_____ m ³ /day Estimated / Measured	Groundwater**	Yes / No	_____ m ³ /day Estimated / Measured	Other Sources**	Yes / No	_____ m ³ /day Estimated / Measured
Municipal Supply	Yes / No	_____ m ³ /day Estimated / Measured											
Surface water*	Yes / No	_____ m ³ /day Estimated / Measured											
Groundwater**	Yes / No	_____ m ³ /day Estimated / Measured											
Other Sources**	Yes / No	_____ m ³ /day Estimated / Measured											
8	<p>Discharge Points from Site</p> <p>List all liquid effluent discharge points and average daily flow in cubic meters per day of sanitary, non-contact cooling water, process wastewater, contact cooling water and other discharge water to the sanitary sewer, storm sewer, groundwater, surface water, evaporation losses (if applicable), and percent of water in final product (if significant and applicable to the site).</p> <p>i.e., process wastewater from manufacturing line to sanitary sewer at an average daily flow of 200 m³/day (measured)</p>												
9	<p>Known Characteristics of Discharges</p> <p>Provide existing data on quality of the discharges listed above in #8. (Complete Parameter Information Form for each discharge point as provided with this form)</p>												

Date Form Completed: _____

Name and Title of Company Representative: _____

Signature of Authorized Company Representative

The information submitted in this form may be subject to verification by the Town.

For Town use only

Date completed form received: _____

Date information verified / approved: _____