

Waste Discharge Permit Application for: Commercial and Industrial Discharges





This is an application for a **Waste Discharge Permit** under the District of Chetwynd's Sanitary Sewer Use Bylaw No. 1120, 2020 to discharge wastewater to sanitary sewer from industrial and commercial sources.

Once deemed complete, your application will be subject to a 30 day review by the District of Chetwynd to evaluate the impact of the proposed hydraulic loading on the District of Chetwynd sanitary sewer system. If the proposed hydraulic loading is acceptable, the District of Chetwynd will provide you with a Waste Discharge Permit.

Application for New Permit

Application to Amend
Permit No. _____

GENERAL INSTRUCTIONS

- Please refer to District of Chetwynd Sanitary Sewer Use Bylaw No. 1120, 2020 for information on responsibilities of Industrial Users, Discharge Permits, Definitions, and other pertinent information.
- Provide all required information and attachments.
- If you do not have an answer for the requested information, indicate so and explain why.
- Indicate "n/a" if a section does not apply to your application.
- Use additional pages, as required.
- Send the completed application for, attachments, and application fee to the following address:

District of Chetwynd
Manager of Engineering & Public Works
PO Box 357, 5400 Hospital Road
Chetwynd, BC V0C 1J0

Telephone: 250-401-4100
Fax: 250-401-4101



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SECTION A: APPLICANT INFORMATION

Applicant Business Name

Incorporation No.

District of Chetwynd Business License No.

Site Address and/or Coordinates

Business Mailing Address

Site City

Business City / Province

Site Postal Code

Business Postal Code

SECTION B: SITE HISTORY

Summarize the business activities and/or manufacturing processes on the property



SECTION C: WASTEWATER QUALITY

Wastewater Characteristics

In the spaces below, provide the concentration of each contaminant in the wastewater at the discharge location.

Contaminant	Concentration (mg/L)
Biochemical Oxygen Demand	
Carbonaceous Biochemical Oxygen Demand	
Chemical Oxygen Demand	
Total Oil and Grease	
Oil and Grease (Hydrocarbons)	
Total Suspended Solids	
Benzene	
Chlorophenols	
Dichlorobenzene	
Ethyl Benzene	
Phenols	
Polychlorinated Biphenyls (PCBs)	
Polycyclic Aromatic Hydrocarbons (PAHs)	
Tetrachloroethylene	
Xylenes	
Aluminum	
Antimony	
Arsenic	
Boron	
Cadmium	



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Contaminant	Concentration (mg/L)
Chromium	
Cobalt	
Copper	
Iron	
Lead	
Manganese	
Mercury	
Molybdenum	
Nickel	
Selenium	
Silver	
Tin	
Zinc	
Chlorides	
Cyanide	
Nitrogen, Total Kjeldahl	
Phosphorous	
Sulphide	
Sulphate	

Additionally, provide the following characteristics in the stated units of the wastewater at the discharge location.

Temperature (degrees Celsius)

pH



SECTION D: FLOW INFORMATION

Specify the proposed operating period in which the wastewater will be discharged to the District's sanitary sewer:

Hours/Day	Days/Week	Weeks/Year

Specify the typical number of hours of discharge to the sanitary sewer during the following periods:

08:00 to 16:00	16:00 to 24:00	0:00 to 08:00

The following process flow information is required to complete the sanitary sewer line hydraulic loading capacity evaluations.

Total discharge volume over the requested term of the Permit: _____ m³

Maximum monthly discharge rate: _____ m³/month

Indicate the method used to estimate the discharge flow rates noted above.



SECTION E: WASTEWATER TREATMENT

Describe the wastewater treatment works that will be used to treat the wastewater prior to discharge to the District's sanitary sewer. Attach additional pages as needed. Please include the following:

- The maximum design flow rate for the treatment works.
- Justification of the works based on wastewater quality data, results from other similar installations and/or other evidence demonstrating performance.
- Maintenance procedures to be carried out to ensure integrity of the works.
- Any provisions to bypass the treatment works.
- A schematic flow diagram, identifying wastewater sources, collection, piping, treatment works, instrumentation, sampling points, and the discharge location to the District's sanitary sewer.



SECTION F: REQUESTED PERMIT TERM

Please indicate the length of time that you will require a Waste Discharge Permit. (Note: the maximum term for a discharge permit is **three** years)

Duration Requested: _____



SECTION G: DECLARATION

This application form must be signed by an authorized representative of your company who will be responsible for complying with all terms and conditions of the Waste Discharge Permit. The authorized representative also acknowledges that they will remain at all times responsible for ensuring that any waste discharged, directly or indirectly, to the District's sanitary sewer system complies with the District of Chetwynd Sanitary Sewer Use Bylaw No. 1120, 2020.

I declare that the information given on this form is correct and accurate to the best of my knowledge.

Name (please print)

Title

Telephone

Fax

Signature

Date

Primary Contact Information

Name (please print)

Title

Company Name

Telephone

Email

Fax