

**Town of Amherst Pollution Prevention Program
Discharger Information Report
(Form 1)**

1. General Information

(Company Name, Corporation, Owner)

(Telephone Number)

(Fax Number)

(Mailing Address)

(Postal Code)

Location of Premises:

(Street Name, Number, Block Number, Unit Number)

Company Officer responsible for waste effluent control:

(Name)

(Title)

(Telephone Number)

2. Product or Service Information

(a) Number of Employees: _____
Plant: _____ Office: _____

(b) Number of shifts per day: _____ Number of days per week: _____

(c) What are your principal products produced or services rendered:

(a) Provide a brief description of your manufacturing or service activities:

3. Waste Characteristics and Disposal

(a) Please list the types and volumes of chemicals used in your manufacturing process and/or stored on site.

Chemicals:

Quantities:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(b) Please list the type of chemicals, cooling water or other waste materials that are discharged to the sanitary sewer.

(c) Is your wastewater subjected to any type of treatment before discharge into the sewer system? Please describe the treatment provided to the wastewater.

(d) Has your company sampled and analysed wastewater that is discharged to the sewer system? If yes, please provide details and attach a copy of any available sample information.

Name of person submitting report:

(Name)

(Title)

(Date of Completion)

Town of Amherst Pollution Prevention Program

**Discharger Information Report
(Form 2)**

1. General Information

(Company Name, Corporation, Owner)

(Telephone Number)

(Fax Number)

(Mailing address) (Postal Code)

Location of Premises:

(Street Name, Number, Block Number, Unit Number)

Company Officer responsible for waste effluent control:

(Name)

(Title)

(Telephone Number)

2. Product or Service Information

(a) What are your principal products produced or services rendered:

(a) Provide a brief description of your manufacturing or service activities:

(b) Standard Industrial or Canadian Codes (SIC) of those products produced:

Indicate if these are () SICs, or Canadian () SICs.

(c) Provide a brief description of the process(es) used in the manufacturing or servicing:

(d) Number of employees:

Plant: _____ Office: _____

(e) Number of shifts per day: _____ Number of shifts per week: _____

(f) Please indicate if major processes are:

() Batch () Continuous () Both

(g) Is the production subject to seasonal variation: () yes () no

If yes indicated, briefly describe your seasonal production cycle:

3. Waste Characteristics

(a) List all sources of water supply:

Municipal water	_____
Private well water	_____
Hauled water	_____
Other sources (Describe)	_____

(b) Type of waste water discharged: (please check all that apply)

<input type="checkbox"/> Sanitary sewage	Estimated volume: _____ m ³ /day
<input type="checkbox"/> Non-contact cooling water	Estimated volume: _____ m ³ /day
<input type="checkbox"/> Contact cooling water	Estimated volume: _____ m ³ /day
<input type="checkbox"/> Process water	Estimated volume: _____ m ³ /day
<input type="checkbox"/> Others	Estimated volume: _____ m ³ /day

(c) Wastewater is discharged to: (please check all that apply)

<u>Location</u>	<u>Estimated Volume</u>
<input type="checkbox"/> Sanitary # 1	_____ m ³ /day
<input type="checkbox"/> Sanitary # 2	_____ m ³ /day
<input type="checkbox"/> Storm sewer # 1	_____ m ³ /day
<input type="checkbox"/> Storm sewer # 2	_____ m ³ /day
<input type="checkbox"/> Surface water, pond, creek, river etc.	_____ m ³ /day
<input type="checkbox"/> Storage tank	_____ m ³ /day
<input type="checkbox"/> Ground water or well	_____ m ³ /day

Liquid waste hauler - please indicate company used and disposal site if known.

4. Pre-treatment and Disposal

Pre-treatment devices or processes used for treating wastewater or sludges before discharge to the sewer system. (Please check as many as is appropriate):

- | | |
|---|--|
| <input type="checkbox"/> Air floatation | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Grease or Oil Separation,
type: _____ | type: _____ |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Rainwater Diversion or Storage
type: _____ |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other Chemical Treatment
_____ |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other treatment
type: _____ |
| <input type="checkbox"/> Neutralization, Ph correction | <input type="checkbox"/> No Pre-treatment Provided |
| <input type="checkbox"/> Ozonation | |
| <input type="checkbox"/> Reverse Osmosis | |

(a) Describe in detail the treatment process for your waste streams:

(b) Provide a flow diagram of your Pre-treatment Process in the space below:

(c) Provide a description of the identified pre-treatment facilities and operating data

(d) Describe how solids are handled, stored and disposed.

(e) Describe any current operational problems or required shutdowns of pre-treatment facilities that may affect the quality of wastewater discharged to the sewer system.

(f) Is sludge generated from the pre-treatment process: () yes () no
If yes, please describe the treatment and disposal method for sludge removal,

(g) Do you recover any chemicals from your wastewater: () yes () no
If yes, please explain

5. Pollutant Information (Sewer Discharge)

(a) Please indicate in the appropriate location whether the chemical parameter is known, or suspected to be present in each waste stream leaving your facility.

Sewer Discharge Characteristics

Parameter	Known present	Suspected present	Concentration (mg/l)
Antimony			
Arsenic			
Bismuth			
BOD			
Cadmium			
Chromium			
Cobalt			
Copper			
Cyanide			
Kjeldahl			
Lead			
Manganese			
Mercury			
Molybdenum			
Nickel			
Oil/Grease (A/V)			
Oil/Grease (M/S)			
Phenolics			
Phosphorus			
Selenium			
Silver			
Tin			

Titanium			
TSS			
Vanadium			
Zinc			

6. Pollutant Information (No discharge)

- (a) List pollutants or chemicals that have the potential to enter either sanitary or storm sewers due to accidental spills, machinery malfunctions or process upsets:

- (b) Does your Company have any existing agreements with the Municipality, former municipalities or the Province regarding wastewater discharged to the sanitary or storm sewers?

- (c) Does the Company have any flow measurement or sampling equipment available?

- (d) Has the Company ever conducted sampling and analysis of wastewater discharged to either the sanitary or storm sewer system? If so, please provide as an attachment to this report any copies of analysis that are available.

Name of person submitting report:

Town of Amherst Representative

(Name)

(Title)

(Date of Completion)

Authorized Company Representative

I have reviewed this report.

(Name)

(Title)

(Date of Completion)