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:
_____	_____
_____	_____
_____	_____
_____	_____

(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)

( ) Sanitary sewage	Estimated volume:_____m^3/day
( ) Non-contact cooling water	Estimated volume:_____m^3/day
( ) Contact cooling water	Estimated volume:_____m^3/day
( ) Process water	Estimated volume:_____m^3/day
( ) Others	Estimated volume:_____m^3/day

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

Location	Estimated Volume
( ) Sanitary # 1	_____m^3/day
( ) Sanitary # 2	_____m^3/day
( ) Storm sewer # 1	_____m^3/day
( ) Storm sewer # 2	_____m^3/day
( ) Surface water, pond, creek, river etc.	_____m^3/day
( ) Storage tank	_____m^3/day
( ) 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):

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

(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)