

<p>The completion of this form is required by all dischargers to the sewage works under Bylaw # 6270-2020 addressing sewer use in Oxford County. Assistance in completing this form is available: by calling 519-539-9800 x3192 or 3139 or by emailing seweruse@oxfordcounty.ca.</p>			
Company Information			
Company Name:		Company Phone Number:	
Company Address:			
Company Contact Person:			
Contact Phone Number:		Contact Email:	
Property Owner Information (check if information is same as above) <input type="checkbox"/>			
Property Owner:		Owner Contact Person:	
Owner Address:			
Phone Number:		Owner Email:	
Operational Information			
Number of shifts:	Shift Hours:	Weekends: Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed <input type="checkbox"/>	
Total Number of Employees:	Number of Plant/ Facility Employees:	Number of Office Employees:	
Shift contact person(s) in case of emergency:			
<input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	Notes:	Name:	Phone Number:
<input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	Notes:	Name:	Phone Number:
Physical Layout and Site Information			
The following should be provided as attachments along with this completed form when relevant:			
Drawing of property (to scale) showing buildings, pretreatment works, property boundaries, effluent lines, and connections to and identifying sanitary and storm sewers.			Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
Process Diagram			Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe the product or services provided/produced at this location including the manufacturing process and activities performed on the premise:

List all Industrial Categories (North American Industry Classification System):

MECP Generator Registration Number (if applicable):

Has the Company been issued an ECA or C of A by the MECP:

Yes No
 If yes, an attachment is included.
 Yes

Water Source Information

Please check all water sources that apply and provide the average daily water use and sources during regular operations.

<input type="checkbox"/> Municipal Supply :	m ³ /day	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured
<input type="checkbox"/> Surface Water:	m ³ /day	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured
<input type="checkbox"/> Private Well:	m ³ /day	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured
<input type="checkbox"/> Other sources:	m ³ /day	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured

Are there instances where flow rates will vary significantly? Yes No
 If yes, please provide peak flow rates and explanation.

Are there any existing Permits to Take Water at this site? Yes No

If yes, a copy must be provided, along with this completed form, as per OWRA and to fulfill the Sewer Use By-law requirements.

Copies of all relevant PTTWs are attached.

Discharge Information

Please identify wastewater discharge locations at the facility including daily volumes.

Sanitary Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Discharge	m ³
Combined Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Discharge	m ³
Storm Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Discharge	m ³
Hauled to Disposal Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Discharge	m ³
Septic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume:	m ³

Are there instances where discharge flow rates will vary significantly? Yes No
 If yes, please provide peak flow rates and explanation.

Please include all discharge points and account for each of the flows in cubic meters per day to the sanitary sewer, storm sewer, surface drains, or evaporation losses (if applicable).

Indicate the percent of water in final product (if significant and applicable to the site).

Example: Process wastewater	Yes	200 m ³ /day	Comments: Measured from manufacturing line to sanitary sewer at an average daily flow.
Process wastewater	<input type="checkbox"/> Yes <input type="checkbox"/> No	m ³ /day	Comments:
Cooling water	<input type="checkbox"/> Yes <input type="checkbox"/> No	m ³ /day	Comments:

	Frequency that testing occurs:
Was this analysis completed in an accredited laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Laboratory: Certificate of analysis for laboratory results are included. <input type="checkbox"/> Yes
Is there any additional wastewater monitoring completed on site (ex: pH, temperature, in house test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Recent in house testing results are included with this application. <input type="checkbox"/> Yes
Provide a summary of analysis done for discharges to sanitary sewer:	
Submission Information	
Date Completed (yyyy-mm-dd):	Title of Company Representative:
Name of Company Representative:	Signature:
Completed forms and all accompanying attachments must be emailed to seweruse@oxfordcounty.ca	

For Municipal Use ONLY	
Reviewed by:	Date Received (yyyy-mm-dd):
Additional Information Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>