



The completion of this form by all dischargers to wastewater systems is required under the Schedule of Rates, Rules & Regulations for Water, Wastewater, and Stormwater Services.

Business Name: _____

Business Address: _____

Customer: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

What are your principal products produced or services provided:

Provide a brief description of your manufacturing or service activities:

Are there any of the following wastewater discharges?

- Process wastewater Yes No
- Non-contact cooling water Yes No
- Other sources of wastewater (other than domestic wastewater) Yes No

If yes, brief description, if no skip to next question

- Location of Process units?** Inside Outside Outside but covered Not applicable
- Storage of raw materials?** Inside Outside Outside but covered Not applicable
- Storage of intermediate products?** Inside Outside Outside but covered Not applicable
- Storage of final products?** Inside Outside Outside but covered Not applicable

Please list the type of chemicals or other waste materials that are discharged to the wastewater system. Please attach sheet if needed.

Is your wastewater subjected to any type of treatment before discharge? If yes, you are required to also fill out the Detailed Discharger Information Report (Form 2)

- | | | | | |
|--|-----------------------|-----|-----------------------|----|
| Grease Interceptor (CAN/CSA B-481.2) | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Vehicle and Equipment Service Oil and Grease Interceptor | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Sediment Interceptor | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Dental Waste Amalgam Separator | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Other pre-treatment, please describe. | | | | |

Does the site have any of the following programs in place to address discharges to the wastewater system?

- | | | | | |
|---------------------------------|-----------------------|-----|-----------------------|----|
| Pollution Prevention | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Best Management Practices | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Environmental Management System | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Other program / practices | <input type="radio"/> | Yes | <input type="radio"/> | No |

Name: _____

Signature _____

Title: _____

Email Address: _____

Phone: _____ Date of Completion: _____

If you have any questions regarding this form please contact pollutionprevention@halifaxwater.ca