

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

Business Name: _____

Business Address: _____

Hours of Operation: _____

Customer: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

Please indicate all pre-treatment facilities or processes used for treating wastewater or sludges before discharge to the wastewater system. (Please check as many as appropriate):

- None
- Filtration
- Flow Equalization
- Food Related Grease Interceptor
- Rainwater Diversion or Storage
- Vehicle and Equipment Service Oil and Grease Interceptor
- Sediment Interceptor
- Neutralization, pH Correction
- Silver Recovery Unit
- Amalgam Separator
- Plaster Trap
- Holding Tank
- Sludge Pit
- On-site Wastewater Treatment Facility (please specify):
- Other Pretreatment Facility (please specify):

Please provide maintenance records and waste disposal records for all pretreatment facilities listed (attach documents).

Other Pretreatment Facility (continued):

Are solids generated from the pre-treatment process: Yes No

If yes, please describe the treatment and disposal method for sludge removal:

Do you recover any chemicals from your wastewater: Yes No

If yes, please explain

Please indicate if major processes are:

Batch	Yes	No
Continuous	Yes	No
Both	Yes	No
Seasonal Variation	Yes	No

If yes to Seasonal Variation, briefly describe your production cycle:

List pollutants or chemical that have the potential to enter either wastewater or storm sewers due to accidental spills, machinery malfunctions or process upset:

Provide documentation for the following, if applicable:

Existing data on monitoring, flow metering, or sampling of any wastewater discharges

Sketch of property (to scale or approximate) showing buildings, pretreatment facility or interceptors, property boundaries, effluent lines, and connections to wastewater, combined and stormwater systems

Locations of existing wastewater and/or stormwater monitoring access points

Flow diagram of site flows/processes

Pump run times, and size of pumps (include any relevant operational data)

Name:

Signature:

Title:

Email Address:

Phone:

Date of Completion:

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