

Waste Discharge Permit Application

for

Commercial, Industrial and Institutional Discharges



**CITY OF
PRINCE GEORGE**

This is an application for a **Waste Discharge Permit** under the City of Prince George Sanitary Sewer Use Bylaw # 9055 to discharge wastewater to sanitary sewer from industrial and commercial sources.

Please enclose a cheque in the amount of **\$100.00**, payable to the **City of Prince George**, for payment of the Waste Discharge Permit application fee.

Once deemed complete, your application will be subject to a 60 day review by the City of Prince George to evaluate the impact of the proposed hydraulic loading on the City of Prince George's sanitary sewer system. If the proposed hydraulic loading is acceptable, the City of Prince George will advise you of the amount of the municipal discharge fee, in accordance with City of Prince George Comprehensive Fees and Charges Bylaw #7557.

- Application for New Permit Application to Amend Permit No. _____ Permit Renewal No. _____

GENERAL INSTRUCTIONS

- Please refer to the Sanitary Sewer Use Bylaw # 9055 for information on responsibilities of Industrial Users, Discharge permits, and other pertinent information.
- Provide all required information and attachments.
- If you do not have an answer for the requested information, indicate so and explain why.
- Indicate 'n/a' if a section does not apply to your application.
- Use additional pages, as required.
- Send the completed application form, attachments, and the application fee to the following address:

City of Prince George
Manager, Utilities Division
3990 - 18th Avenue
Prince George BC V2N 4R8

Telephone: (250) 561-7550
Facsimile: (250) 561-7519

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SECTION A: DEFINITIONS

"Applicant"	means an owner or his agent, being a person authorized in writing to act on behalf of the owner, making application for a permit.
"BOD"	denoting Biochemical Oxygen Demand, BOD being the quantity of oxygen utilized in the biochemical oxidation of organic substances under standard laboratory procedures in five (5) days at 20 degrees Celsius expressed in milligrams per litre, as determined by the procedure described in Standard Methods for the Examination of Water and Wastewaters, Current Edition, as amended from time to time.
"Food Waste"	means solid wastes from the preparation, cooking and dispensing of food or from the handling, storage and sale of produce.
"Owner"	Means, an owner of real property as defined in the Community Charter, as amended.
"Pretreatment or Treatment"	means the reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater to a less harmful state prior to or in lieu of discharging or otherwise introducing the pollutants into a publicly owned treatment plant.
"Service Connection"	means the section of sanitary sewer pipe and related fixtures on public property by which a building sewer is connected to the sanitary system.
"Sewage"	means water carried wastes from residences, buildings, business premises, institutions and industrial establishments, and includes: <ul style="list-style-type: none">a) "Industrial Waste" meaning the wastes from industrial, commercial and institutional processes;b) "Sanitary Sewage" meaning that portion of sewage that does not include Industrial Waste.
"Sewer"	means a pipe including manholes and other appurtenances other than a service connection in the Sewer System.
"Sewer System"	means all sanitary sewerage works and appurtenances, including sewers, service connections, pumping stations, treatment plants, sewage lagoons and sewer outfalls laid in any highway, municipal right-of-way easement, or other City interest in real property.
"Waste Discharge Permit"	means a permit issued by the Authorized Person under Section 9 of the Sanitary Sewer Use Bylaw # 9055 specifying the terms and conditions for discharging of wastewater into a public sewer or private sewer discharging into a public sewer.

SECTION B: APPLICANT INFORMATION

Applicant Business Name
(Registered Company Name)

Incorporation Number

City of Prince George Business License #

Site Address (Street)

Business Mailing Address (Street)

Site City / Province

Business City / Province

Site Postal Code

Business Postal Code

SECTION C: SITE HISTORY

Summarize the business activities and/or manufacturing processes on the property.

(use additional pages if necessary)

What is the source of water for the site?

City

Other

Specify: _____

SECTION D: NATIONAL POLLUTANT RELEASE INVENTORY DATA

Does your business expect to submit to the National Pollutant Release Inventory (<https://www.ec.gc.ca/inrp-npri/>)? If yes, this data should also be submitted to the City of Prince George by July 1st of each year.

Yes No

SECTION E: WASTEWATER QUALITY

Type of Discharge

Continuous Batch Both

Quality

Use the check boxes to indicate whether any of the following types of wastes are discharged:

Flammable or explosive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obstructive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High temperature waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrosive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biomedical waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radioactive waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Contaminant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excessive Foaming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pharmaceuticals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High BOD Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste containing Lignin and Tannins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste containing Resin Acids	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Waste

Does any process within the plant produce special waste as defined under the Hazardous Waste Regulation of the *Environmental Management Act*, British Columbia.
(<http://www2.gov.bc.ca/gov/content/environment/waste-management/hazardous-waste/legislation-regulations>)

Yes No Don't Know

Number of Connections to Sewer

(a) Sanitary Sewer

Domestic waste only _____

Non-domestic waste only _____

Combined domestic and non-domestic waste _____
(Note connection locations on attached site plan.)

Is uncontaminated water discharged to sanitary sewer?

Yes volume _____ m³/day No
(Note connection locations on attached site plan.)

Wastewater Characteristics

In the space provided below, check the appropriate box for each wastewater contaminant to dictate whether the contaminant listed is "known to be present", "suspected to be present", "suspected to be absent", or "known to be absent" in the wastewater discharge after treatment.

If a contaminant is "known to be present" or "suspected to be present", estimate the expected average and maximum daily contaminant concentrations in the spaces provided.

If wastewater discharges have been sampled and analyzed in the past, please attach examples of sampling data.

Wastewater Contaminants	Known to be present	Suspected to be present	Suspected to be absent	Known to be absent	Expected Concentration mg/L (ppm)	
					Average	Maximum
Inorganic Contaminants						
Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Boron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Manganese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Wastewater Contaminants	Known to be present	Suspected to be present	Suspected to be absent	Known to be absent	Expected Concentration mg/L (ppm)	
					Average	Maximum
<u>Other Inorganic Contaminants</u>						
Chlorides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nitrogen, Total Kjeldahl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Phosphorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sulphide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sulphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="text"/>						
<u>Organic Contaminants</u>						
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chlorophenols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dichlorobenzene (1,2 -)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dichlorobenzene (1,4 -)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dichloromethane (Methylene Chloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ethyl Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Phenols (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Polycyclic Aromatic Hydrocarbons (PAH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PCB's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Xylenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Solvents (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="text"/>						

Wastewater Contaminants	Known to be present	Suspected to be present	Suspected to be absent	Known to be absent	Expected Concentration mg/L (ppm)	
Conventional Contaminants						
Biochemical Oxygen Demand (BOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Carbonaceous Biochemical Oxygen Demand (CBOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chemical Oxygen Demand (COD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Suspended Solids (Total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Oil and Grease (hydrocarbons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Oil and Grease (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
pH max _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
pH min _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SECTION F: FLOW INFORMATION

1. Requested Discharge Flow Rates

Specify the proposed operating period in which the wastewater will be discharged to the City's sanitary sewer:

Hours/Day	Days/Week	Weeks/Year

Specify the typical number of hours of discharge to the sanitary sewer during the following periods:

08:00 to 16:00	16:00 to 24:00	0:00 to 08:00

The following process flow information is required to complete the sanitary sewer line hydraulic loading capacity evaluations.

Total discharge volume over the requested term of the Permit: _____ m³

Average Daily Discharge Rate Before treatment _____ m³/day

After treatment _____ m³/day

Maximum daily discharge rate: Before treatment _____ m³/day

After treatment _____ m³/day

Maximum instantaneous peak flow rate: _____ litres/second

Maximum discharge duration:

Hours/Day	Days/Week	Weeks/Year

2. Maximum Possible Discharge Flow Rates

In some cases, the discharge capability may exceed typical requirements (for example, if a spare pump is operated at the same time as the main pump). Specify the maximum possible discharge rates, even if there is no intention to discharge at these rates.

Maximum potential daily discharge rate: _____ m³/day

Maximum potential instantaneous peak flow rate: _____ litres/second

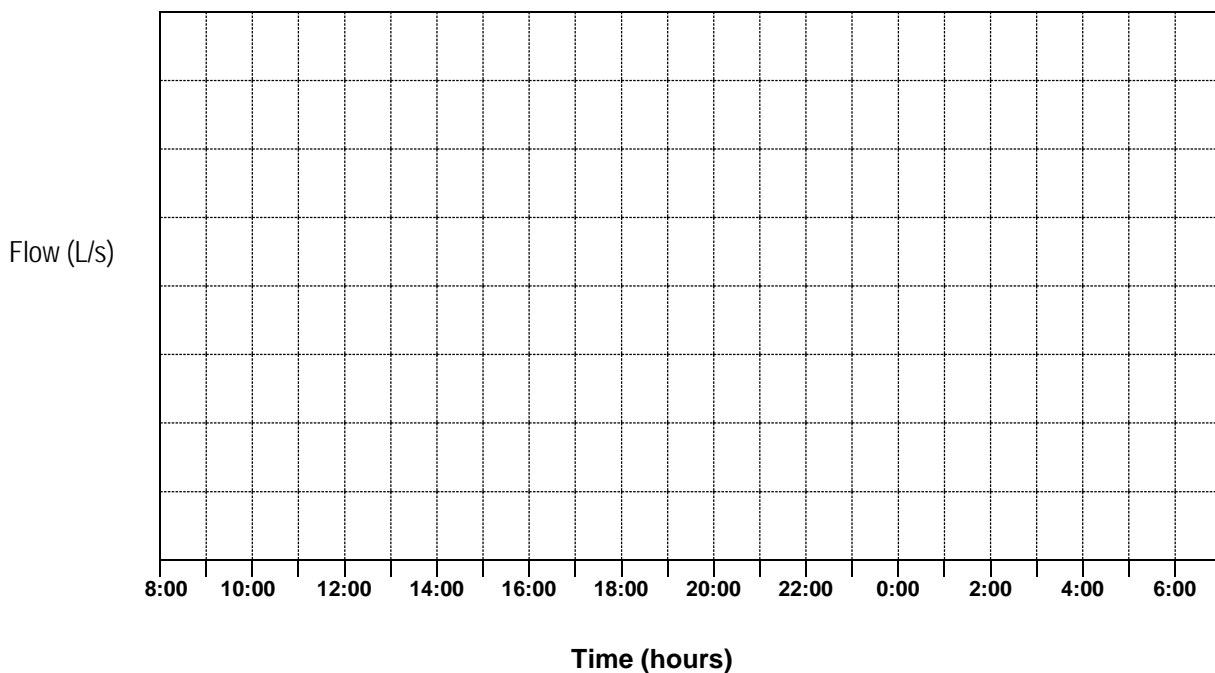
3. Discharge Flow Rate Estimation Methods

Indicate the method used to estimate the discharge flow rates and provide the supporting information specified.

(✓)	Method	Additional Information Required
<input type="checkbox"/>	Discharge Pump Capacity	Provide pump specifications and all supporting calculations, assumptions, etc.
<input type="checkbox"/>	Flow Measurement	Provide specifications for the flow monitoring and recording equipment used.

4. Discharge Flow Rate Profile

Please provide a graphic representation of a 24 hour profile of the instantaneous flow rate from the industrial/commercial activities on both average and high discharge days (see example on page 20: Attachment B).



SECTION G: WASTEWATER TREATMENT

Describe the wastewater treatment works that will be utilized to treat the wastewater prior to discharge to the City's sanitary sewer. Please include the following:

- Basic design criteria and sizing calculations for the treatment system components.
- The maximum design flow rate for the treatment works.
- Justification of the works based on wastewater quality data, results from other similar installations and/or scientific evidence from literature demonstrating performance.
- Maintenance procedures to be carried out to ensure integrity of the works.
- Any provisions to bypass the treatment works.
- Method(s) of disposal of any treatment byproducts.
- A schematic flow diagram, identifying wastewater sources, collection, piping, treatment works, instrumentation, sampling point, and the point of connection to the City's sanitary sewer (see example on page 19 : Attachment A).

(use additional pages if necessary)

SECTION H: SPILL PREVENTION AND CONTAINMENT

Summarize the provisions taken to prevent spills from entering the City's sanitary sewer or stormwater system and attach documentation (e.g. a spill response plan).

(use additional pages if necessary)

SECTION I: FLOW CURTAILMENT PROCEDURES

The Permit holder may be required to immediately curtail or cease the discharge to sewer upon receiving notice from the City of Prince George. This may occur at any time during the term of the Permit.

Please provide a description of the procedures by which a company representative can be contacted 24 hours/day by the City of Prince George in the event of such a condition. Include the contact person(s) and telephone number(s) for normal working hours, evenings, weekends and holidays.

SECTION J: REQUESTED PERMIT TERM

Please indicate in the appropriate box below the length of time that you will require a Waste Discharge Permit (**Note: the maximum term for a discharge permit is three years**, with the annual Waste Discharge Administration Fee due on the renewal date).

Duration	(X)
1 year	<input type="checkbox"/>
2 years	<input type="checkbox"/>
3 years	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

SECTION K: DECLARATION

This application form must be signed by an authorized representative of your company who will be responsible for complying with all terms and conditions of the Waste Discharge Permit. The authorized representative also acknowledges that they remain at all times responsible for ensuring that any waste discharged to any sewer connected to sewage treatment or disposal facilities operated by the City of Prince George complies with all applicable enactments and agrees to release, indemnify and save harmless the City of Prince George, its officers employees and agents from any and all liability whatsoever arising out of such discharge or the granting of a Waste Discharge Permit.

I declare that the information given on this form is correct and accurate to the best of my knowledge.

..... Name (please print) Title
..... Telephone Fax
..... Signature Date

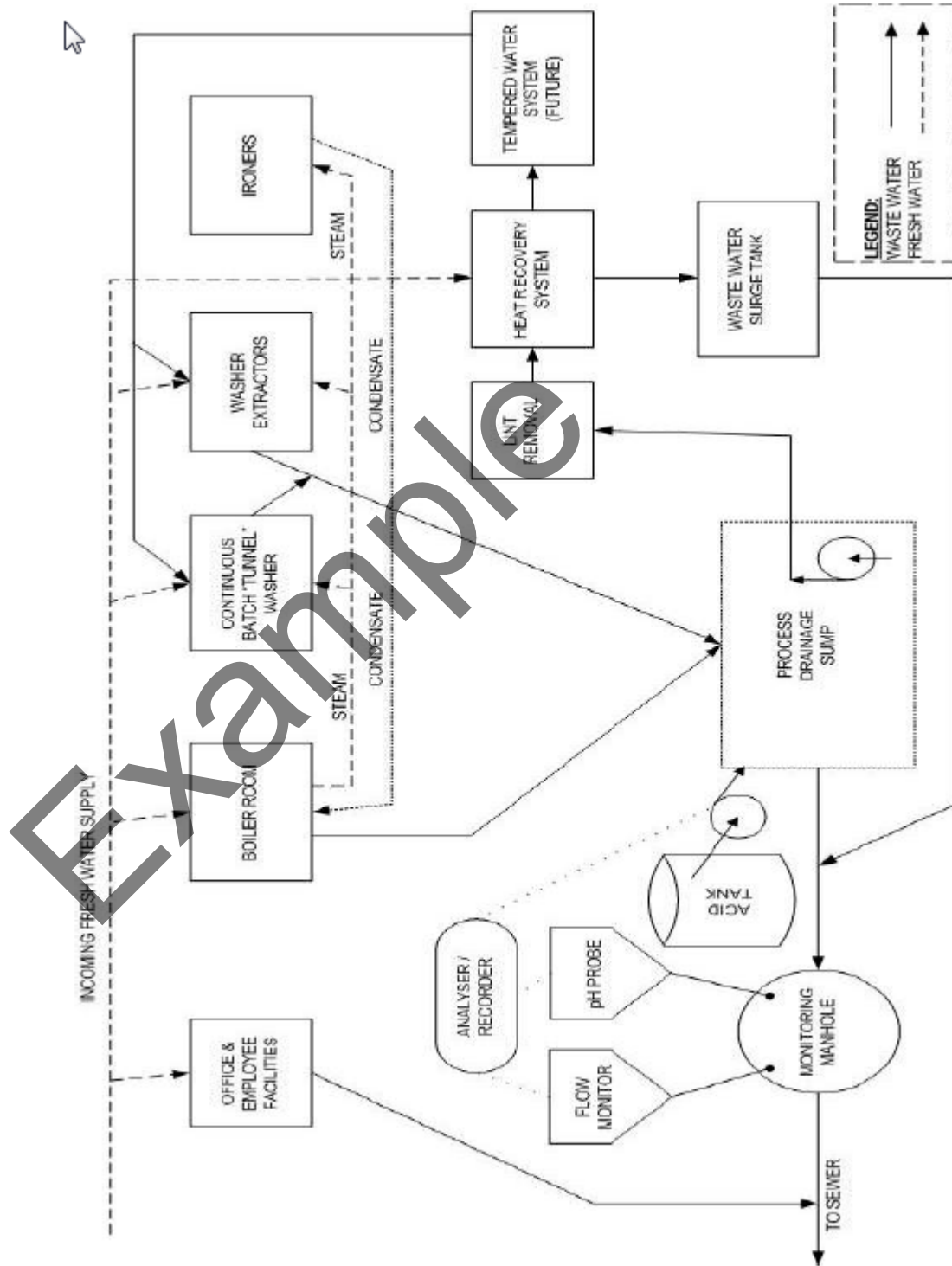
If you elect to appoint another company employee or consultant as the primary contact for this application, please complete the following:

Primary Contact Information

..... Name (please print) Title
..... Company Name (if Consultant) Telephone
 Fax
 Email

ATTACHMENT A: EXAMPLE OF A SCHEMATIC FLOW DIAGRAM

As described in section G: Wastewater Treatment, provide a flow diagram specific to your operation, as per the following *example*:



ATTACHMENT B: EXAMPLE OF A 24 HOUR FLOW RATE PROFILE

As described in Section F: Flow Information, point 4, provide a graphic representation of a 24 hour profile of the instantaneous flow rate from your operation on both average and high discharge days, as per the following *example*:

