



City of Port Alberni
Application for Waste Discharge Permit

The Application is to be filed with the City Engineer.

1. **Applicant's Name:** _____

Registered Address: _____

_____ hereby applies for a WASTE DISCHARGE PERMIT to discharge Non-domestic Waste into a Sewer from a: _____

(type of business)

Located at: _____

_____ Port Alberni, BC

2. **Requested type of Discharge:**

_____ Restricted Waste _____ High Volume Discharge

_____ Stormwater Waste, or cooling waste

_____ Uncontaminated Water in a volume greater than 2.0 cubic meters/day.

3. **Requested Period of Discharge:**

from: _____

to: _____

4. **Summary of Wastewater Discharge Characteristics:**

a) Maximum duration of operation:

(hrs/day) _____ (days/week) _____ (weeks/year) _____

b) Frequency:

Maximum discharge flow rate: _____ m³/day

Average discharger flow rate: _____ m³/day

5. Indicate with an “X” if any of the following wastes are discharged:

Air Contaminant Waste		Biomedical Waste		Cess Pool Waste	
Corrosive Waste		Flammable/Explosive Waste		Obstructive Waste	
High Temperature Waste		Pesticide Waste		Special Waste	
Other Waste		Description:			

6. For Restricted Waste, complete the following tables.

a) For Food Waste, pH Waste, Radioactive Waste, and Seawater Discharge Waste:

TYPE	NO	YES	IF YES
Food Waste			Provide dimensions: (particles larger than .5cm in any dimension)
pH Waste			Provide pH max: _____ min: _____ (pH lower than 5.5, or higher than 11.0)
Radioactive Waste			Radioactivity Level: _____ (in excess of levels established by Atomic Energy Control Board of Canada)
Seawater Discharge			Gallons per day: _____ (in excess of 10,000 gallons per day)

b) For Specified Waste in the table provided below, please mark “X” the appropriate box for each Contaminant to indicate whether the Contaminant is “known to be absent”, suspected to be absent, known to be present, or suspected to be present, the waste water discharge. 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. No permit is required for discharges of concentrations less than that as set out in Table 1 attached.

Contaminant	Known absent	Suspected absent	Known present	Suspected present	Average expected Concentration mg/L (ppm)	Maximum expected concentration mg/L (ppm)
ORGANIC	N/A	N/A	N/A	N/A	N/A	N/A
Benzene						
Chlorinated Phenols						
Ethyl Benzene						
Petroleum Hydrocarbons						
Phenols						
Polycyclic Aromatic Hydrocarbons						
Toluene						
Xylene						
CONVENTIONAL	N/A	N/A	N/A	N/A	N/A	N/A
Biochemical Oxygen Demand						
Chemical Oxygen Demand						
Oil and Grease						
Suspended Solids						
INORGANIC	N/A	N/A	N/A	N/A	N/A	N/A
Aluminum						
Arsenic						
Boron						
Cadmium						
Chromium						
Cobalt						
Copper						
Cyanide						
Iron						
Lead						
Manganese						
Mercury						
Molybdenum						
Nickel						
Silver						
Sulphate						

Contaminant	Known absent	Suspected absent	Known present	Suspected present	Average expected Concentration mg/L (ppm)	Maximum expected concentration mg/L (ppm)
Sulphide						
Tin						
Zinc						
Other _____						

7. **Locations of connections to Sanitary Sewer** (ie 5.0 m north of east PL)

Domestic _____

Non Domestic _____

Combined _____

Have the connections been dye tested? _____

8. **Location of connection to Stormwater** _____

9. a) **Describe the source(s) of the Wastewater** (ie. Galvanizing line rinse tank)

b) Description of treatment processes prior to discharge to sanitary Sewer (ie. Oil/water separators, grease traps, filters, electrolytic precipitators, reverse osmosis units, ion exchange units, neutralization facilities, other pretreatment Works):

c) Describe technical inability to meet the discharge requirements:

10. **Attach a site plan showing the layout of the building and discharge points.**

11. Declaration:

I, _____, declare that the information given on this application form is located to the best of my knowledge.

(Date)

(Signature of Applicant)

(Title)

(Name of signatory)

(Phone)

(Fax)

APPROVED BY:

(City Engineer)

(Date)

SEE TERMS AND CONDITIONS, IF ANY, ATTACHED.

Table 1

SPECIFIED WASTE		
Table 1: Inorganic Contaminants		
Substance	Symbol	Allowable Concentration (mg/L)
Aluminum	Al	50
Arsenic	As	0.2
Boron	Bo	50
Cadmium	Cd	0.1
Chromium	Cr	5.0
Cobalt	Co	5.0
Copper	Cu	1.0
Cyanide	CN	1.0
Iron	Fe	50
Lead	Pb	0.5
Manganese	Mn	5.0
Mercury	Hg	0.05
Molybdenum	Mo	5.0
Nickel	Ni	1.0
Silver	Ag	2.0
Sulphate	SO ₄	1500
Sulphide	S	1.0
Tin	Sn	5.0
Zinc	Zn	3.0