

City of Greater Sudbury

Waste Survey Report

Water & Wastewater Services



2018

SECTION 1 – GENERAL INFORMATION

Company Name:	<input type="text"/>	Web Page:	<input type="text"/>
Mailing Address:	<input type="text"/>	Site Address:	<input type="text"/>
Contact Name:	<input type="text"/>	Work Number:	<input type="text"/>
Title:	<input type="text"/>	Fax Number:	<input type="text"/>
		E-Mail:	<input type="text"/>
		Emergency Contact Number:	<input type="text"/>

As an Authorized Agent of the Company, I declare that the information contained in this report to the best of my knowledge and belief is true, complete and accurate.

Name of Authorized Agent:	Title of Authorized Agent:
Signature of Authorized Agent	Date

For City Use Only

SECTION 2 - PRODUCTS OR SERVICES INFORMATION

2.1 Provide a brief description of the manufacturing process and/or service activities for the company listed in Section 1:

2.2 Principal products produced or services rendered:

2.3 Total number of employees:

2.4 Number of operational shifts per day: shifts/day

2.5 Hours of Operation (shift hours):

Shift 1:	to	hrs
Shift 2:	to	hrs
Shift 3:	to	hrs

2.6 Number of operational days per week: days/week

2.7 Major process is: Batch Continuous Both

a. If batch, average number per day is: batches

2.8 Is the production subject to seasonal variation: Yes No

a. If yes, briefly describe the seasonal production cycle:

2.9 Is there a specific clean-up period: Yes No

a. If yes, please describe:

2.10 List all NAICS codes assigned to the Company:

Comments:

SECTION 3 - WASTE CHARACTERISTICS

3.1 Indicate all sources of water supply:

<input type="checkbox"/>	Municipal
<input type="checkbox"/>	Private Well
<input type="checkbox"/>	Hauled Water
<input type="checkbox"/>	Other:

3.2 Estimated daily consumption:

<input type="text"/>	m ³
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3.3 Type of waste discharged and daily volume:

<input type="checkbox"/>	Sanitary	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Non-contact cooling	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Contact cooling	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Process water	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Other	<input type="text"/>	m ³ /day

3.4 Identify where wastes are discharged and the daily volume:

<input type="checkbox"/>	Sanitary	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Storm sewer	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Ground water	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Surface water	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Evaporation	<input type="text"/>	m ³ /day
<input type="checkbox"/>	Hauled to disposal facility	<input type="text"/>	m ³ /day

3.5 Provide MOE Generator Registration Number (if applicable):

<input type="text"/>

3.6 Has the Company been issued a C of A by the MOE:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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a. If yes, please provide a copy and enter the number:

<input type="text"/>

Comments:

SECTION 4 - PHYSICAL LAYOUT

- 4.1 Please provide the following in the space provided or under separate cover:
- a. Layout sketch of property indicating buildings, pre-treatment works, property boundaries, effluent lines, and sanitary / storm sewer connections.
 - b. Process flow diagram to show equipment used and waste discharge points.
 - c. Indicate the location of all manholes which are adjacent to the property and available for sampling.

Comments:

SECTION 5 – PRETREATMENT

5.1 Pretreatment devices or processes used for treating waste or sludge before being discharged to the sanitary sewer system (check as many as appropriate):

<input type="checkbox"/>	Air Floatation	<input type="checkbox"/>	Screening
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Solvent Separation
<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Spill Protection
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Sump
<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Biological Treatment
<input type="checkbox"/>	Grease or Oil Separation	<input type="checkbox"/>	Rainwater Diversion or Storage
<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Grit Removal
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Neutralization, pH Correction
<input type="checkbox"/>	Ozonation	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Other (specify):		

SECTION 6 - POLLUTION INFORMATION SHEET (CONTROLLED SUBSTANCES)

6.1 Indicate by placing an "X" in the appropriate box for each listed parameter whether it is suspected "to be absent", "known to be absent", "suspected to be present", or "known to be present", and the known or expected concentration in milligrams per litre.

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration (mg/l)
Biochemical Oxygen Demand					
Benzene					
Cyanide					
Chloroform					
Fluoride					
1, 2-Dichlorobenzene					
1, 4-Dichlorobenzene					
Kjeldahl Nitrogen					
Oil & Grease					
Cis-1,2 Dichloroethylene					
Trans-1, 3 Dechloropropylene					
Phenolics					
Ethylbenzene					
Phosphorous					
Methylene Chloride					
Suspended Solids					
1,1,2,2-Tetrachloroethane					
Tetrachloroethylene					
Aluminum					
Antimony					
Toluene					
Arsenic					
Trichloroethylene					
Bismuth					
Xylenes					
Cadmium					
Di-n-butyl Phthalate					
Chromium					
Bis (2-ethylhexyl) Phthalate					
Chromium					
Nonylphenols					

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration (mg/l)
Nonylphenol Ethoxylates					
Cobalt					
Copper					
Aldrin/Dieldrin					
Chlordane					
Iron					
DDT					
Lead					
Hexachlorobenzene					
Manganese					
Mirex					
Mercury					
PCBs					
Molybdenum					
3,3-Dichlorobenzidine					
Nickel					
Hexachlorocyclohexane					
Selenium					
Pentachlorophenol					
Silver					
PAHs					
Tin					
Titanium					
Vanadium					
Zinc					
Vinyl Chloride					

Comments:

SECTION 7 - POLLUTION INFORMATION SHEET (PROHIBITED SUBSTANCES)

7.1 Indicate by placing an "X" in the appropriate box for each listed parameter whether it is suspected "to be absent" , "known to be absent", "suspected to be present", or "known to be present", and the known or expected quantity in kilograms per month.

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Quantity (kg/month)
Pesticides					
Hazardous Waste Chemicals					
Fuels					
Hazardous Industrial Wastes					
Hazardous Waste Chemicals					
Combustible Liquid					
Pathological Wastes					
Biomedical Wastes					
Reactive Wastes					
Severely Toxic Materials					
Radio-Active Materials					
Ignitable Wastes					
Sludge					
Leachate					
Solid or Viscous Substances					

Comments:

SECTION 8 – EXISTING DISCHARGE AGREEMENTS & PERMITS

8.1 Please indicate all of the discharge agreements and permits that you currently have with the City:

	Agreement/Permit Name	ID Number	Expiry Date
<input type="checkbox"/>	Sanitary Sewer Discharge Agreement		
<input type="checkbox"/>	Over-Strength Discharge Agreement		
<input type="checkbox"/>	Leachate Discharge Agreement		
<input type="checkbox"/>	Sludge Discharge Agreement		
<input type="checkbox"/>	Hauled Liquid Waste Permit		
<input type="checkbox"/>	Compliance Program		

8.2 In the space provided, list the names and contact information for each of the waste haulers that you are currently using to dispose of waste:

	Name of Waste Haulage Company	Contact Name	Contact Number
a.			
b.			
c.			
d.			
e.			
f.			
g.			

Comments:

Completed forms are to be mailed to the City as follows:

Water & Wastewater Services
 c/o City of Greater Sudbury
 P.O. Box 5000, Station 'A'
 Sudbury, ON P3A 5P3

Attn: Manager of Compliance and Operational Support
 Water/Wastewater Services