

I/we _____ the registered owner(s) or customer of the aforementioned property, do hereby apply for a wastewater source control discharge approval.

I/we agree with the applicable Provincial Plumbing, Health and Safety Codes, Rules and/or Regulations and such By-Laws and/or Resolutions as may be in affect or may be passed from time to time, in the future by the Municipal Authority relating to these facilities and service.

I/we agree that the wastewater generated from the mentioned property may exceed the normal wastewater limits and that the Leduc County High Strength Wastewater Charges may apply as set out in the County's Fees and Charges.

General Site Operation Information:

1. Number of Employees Working in the Facility _____
2. Average Daily Water Use _____ m3/day
3. Type of Manufacturing _____
4. Is the operation seasonal , please specify _____
5. Descriptions of the Products that will be disposed into the wastewater system (include Standard Industrial Code (SIC) and indicate if Canadian or Other)

Product (s)	Standard Industrial Code

6. List the Discharge Sources from the Facility

Effluent Discharged	Point of Source
Sanitary Sewage	
Noncontact Cooling Water	
Process Waste Water	
Contact Cooling Water	
Other(s)	

7. Known Characteristics of Discharge

Temperature	
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Application for Source Control Discharge (contd.)

TSS, mg/L	
TKN, mg/L	
Molybdenum, mg/L	
PH	
BOD5, mg/l	
TP, mg/L	
Selenium, mg/L	

8. Is the Discharge to the Alberta Capital Region Wastewater Commission system

- a) Through a Leduc County Sewer Connection Yes _____ No _____
- b) By direct connection to the Commission System Yes _____ No _____
- c) Through a dump station Yes _____ No _____

9. Does the Facility have any pretreatment system for process effluents prior to discharge to the sewer system?

Yes _____ No _____

If yes please provide a summary of the Pre Treatment System.

10. Does the facility have a Spill Prevention and Emergency Storage to prevent spills from entering the sewage system/

Yes _____ No _____

If yes please provide a summary of the Spill Prevention and Emergency Storage program.

Application #

Approval #

Application for Source Control Discharge (contd.)

11. Does the Facility have any of the following programs addressing discharges to the sewer system in place?

- | | | |
|------------------------------------|-----|----|
| a) Pollution Prevention Program | YES | NO |
| b) Best Management Practice Plans | YES | NO |
| c) Environmental Management system | YES | NO |
| d) Water Conservation Program | YES | NO |
| e) Other Programs/practices | YES | NO |

If yes please provide a copy of each to this form and explanation for implementation.

“Information provided to Leduc County is subject to and covered by the freedom of information and protection of privacy act.”

I/we fully understand that we are/I am responsible for the Utility Bills and that non-payment of the Utility Bills will result in transfer of outstanding balances to our tax account pursuant to County bylaws.

Registered Owner(s) _____ Date _____

Registered Owner(s) _____ Date _____

OFFICE USE ONLY

Approved for discharge _____ Date _____
(Approval Officer)

Permit Number _____ Proposed Date of Service _____