

Waste survey report

Section 1-general information

a) Name of person submitting report: _____

Company name, corporation, owner: _____

Phone: _____

Fax: _____

Postal address: _____

b) Company officer responsible for effluent control: _____

Phone: _____

Fax: _____

c) Location of premises: _____

d) Do you own/lease warehouse/manufacturing space elsewhere in the municipality?

Yes _____ No _____

If yes, supply name and address:

e) Do you own the facility described in c)? Yes _____ No _____

If no, supply name and address of owner:

The information contained in the report, to the best of my knowledge and belief, is true, complete and accurate

Authorised representative: _____

Title: _____

Date: _____

Section 2 – product service information

a) Canadian or U.S Standard Industrial Classification Codes (SIC)

These are () Canadian () U.S SIC

b) Brief description of manufacturing process and/or services activities and product involved:

Development of a senior living facility

c) Number of employees: plant: _____ office: _____

d) Number of shifts per day: _____ Number of days per week: _____

e) Length of shift(s): _____

f) Are major processes batch continuous both

g) Is the production subject to seasonal variation? Yes _____ No _____

If yes, briefly describe seasonal production cycle: _____

h) Is there a specific cleanup period? Yes _____ No _____

If yes, please check the following that apply, and briefly describe:

Daily: _____

Weekly _____

Other: _____

Attach a copy of your complete Workplace Hazardous Material Information System (W.H.I.M.I.S) chemical inventory. Please indicate the general use of each chemical listed.

Section 3 – waste characteristics

Municipal

a) List all sources of water supply _____

b) Daily water consumption (m3) _____

c) Type of waste discharged: (check all that apply);

Type	Origin	Estimated volume**
<input type="checkbox"/> Wash Water		
<input type="checkbox"/> Boiler blowdown		
<input type="checkbox"/> Sanitary		
<input type="checkbox"/> on-contact cooling		
<input type="checkbox"/> contact cooling		
<input type="checkbox"/> process		
<input type="checkbox"/> Other		

** Volume may be expressed as a percentage of average total volume discharged per day

d) Waste is discharged to (check all that apply):

Where	Type of discharge
<input type="checkbox"/> sanitary #1	
<input type="checkbox"/> sanitary #2	
<input type="checkbox"/> storm sewer #1	
<input type="checkbox"/> storm sewer #2	
<input type="checkbox"/> surface water	
<input type="checkbox"/> evaporation	
<input type="checkbox"/> other- please specify	
Attach additional list as necessary	

e) Please state the characteristics of wastewater generated and discharges to the above according to the parameters set out in the City of Guelph By-law (1996) -15202

Section 4- physical layout

- a) Layout sketch of property (to scale or approximate) to coordinate buildings, pre-treatment works, property boundaries, effluent lines and sanitary and storm sewer connections including manholes. (Number sewers so that they can be related to Section 3(d) of this report)
 - b) Process flow diagrams to show equipment used and waste discharge points. (Number sewers so that they can be related to Section 4(a) of this report)
- NOTE: If more convenient attach copies of existing drawings/diagrams for Section 4 (a) and (b)

Section 5 – handling and storage

Is there any handling or storage, either indoor or outdoor, of chemicals, raw materials, products or waste products? Please list and provide volume involved and the location of each being handled and stored.

Section 6 - regulation 347 information

a) Generator registration number: _____

Complete the following for each registered waste:

b) Description of waste: _____

c) Description of generating process: _____

d) Waste class: _____

e) Disposal site: _____

f) Waste hauler: _____

Section 7 – pre-treatment

Pre-treatment devices or processes used for treating waste or sludge before discharge to the sanitary sewer system (check as many as are appropriate):

- Air flotation
- Biological treatment, type _____
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separator _____
- Grease trap
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Rainwater diversion or storage _____
- Reverse osmosis
- Screening
- Sedimentation
- Septic Tank
- Solvent separation
- Spill protection
- Sump
- Other chemical treatment, type _____
- Other physical treatment, type _____
- Other, type _____
- No pre-treatment