

The Wastewater Discharge Permit is issued pursuant to "City of Cranbrook Sanitary Sewer Source Control Bylaw No. 4064, 2021". **Application for this permit must be submitted to the City a minimum of 90 Days prior to the activity commencing.** An application fee of \$500 is required for accordance with the "City of Cranbrook Fees and Charges Amendment Bylaw No. 4065, 2021". Please provide all required information. Use additional pages as required. 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. Please complete the application and forward together with required attachments (if applicable) to:

**Attention: City Engineer  
City of Cranbrook, City Hall  
40-10<sup>th</sup> Avenue South  
Cranbrook, BC V1C 2M8  
Fax: (250) 426-5670**

Please direct all enquiries to:  
Manager of Engineering/City Engineer (250) 489-0237  
or email: [Engineering.Permits@Cranbrook.ca](mailto:Engineering.Permits@Cranbrook.ca)

## PERMIT CONDITIONS

**In consideration of the approval of this permit, the Applicant agrees:**

1. To accept and abide by the Terms and Conditions herein;
2. To accept and abide by the City of Cranbrook Sanitary Sewer Source Control Bylaw No. 4064, 2021 as amended or replaced;
3. To provide any additional information on the Wastewater Discharge as required by the City Engineer or Director of Public Works;
4. To cooperate at all times with City staff in inspection, sampling and study of the Wastewater facilities and Discharges;
5. To ensure that no other Wastes are Discharged into the Sanitary Sewer other than what is allowed under this Permit;
6. To operate only the Wastewater Discharge point(s) to the Sanitary Sewer as authorized under this Permit;
7. To inspect any pretreatment equipment on a regular basis to ensure that it remains in good working order and to notify City staff immediately of any malfunction of these works;
8. To provide a monitoring point on the Discharge pipe entering the Sanitary Sewer, placing the monitoring point in such a location that is easily accessible by City staff;
9. To immediately notify the City and undertake appropriate remedial action in the event of an accidental Discharge to any Sewer;
10. Without limiting Section 2 of these conditions, to pay the applicable Sanitary Sewer User fees established in the Sanitary Sewer Rates Bylaw;
11. To apply for an amendment to the Wastewater Discharge Permit if any changes in the processes, production, and methods of Wastewater treatment or operations creates a significant change in Wastewater volume or quality; and
12. To pay all costs related to this Wastewater Discharge Permit.

## Wastewater Discharge Permit Application

The City Engineer may modify the conditions of this agreement, subject to providing notice and reasons to the applicant, and may suspend or revoke the Wastewater Discharge Permit at any time if the City Engineer considers it necessary for public health or safety; the Permit holder has not complied with this Bylaw; or that any of the conditions of this Permit have been contravened.

### SECTION A: APPLICANT INFORMATION

Applicant/Company Name:

Business License No.:

Expiration Date:

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

Emergency Phone:

Fax:

Site Address (with postal code):

Mailing Address (with postal code): ☐ same as Site Address

Date Permit Required:

Permit Application Information (check one)

☐

Permit Renewal

☐

Existing Unpermitted Discharge

☐

Permit Amendment

☐

Proposed New Discharge

☐

Proposed Short Term Discharge (i.e. watermain projects, storm sewer projects, etc.)

Personal information contained on this form is collected under the *Local Government Act* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing the application. For questions or additional information pertaining to your personal information, contact City Hall at (250) 426-4211.

# Wastewater Discharge Permit Application

## SECTION B: PROCESS DESCRIPTION

### 1. Nature of Business

Briefly describe your business and the main activities producing wastewater, or proposed to produce wastewater, at the applicable site (ex. type of processing, manufacturing, service, etc.).


*Attach additional pages if necessary*

### 2. Raw Materials & Products/By-products Identification

Indicate the raw materials used, or proposed to be used, and the products/by-products that are produced, or proposed to be produced, in your process. Include a daily volume or mass used for each material or product/by-product.

Raw Materials	Daily Amount (m <sup>3</sup> or kg)

Products/By-products	Daily Amount (m <sup>3</sup> or kg)

*Attach additional pages if necessary*

## SECTION C: WATER SOURCES & LOSSES

### 1. Water Sources

Indicate the average daily volume contributed, or proposed to be contributed, from each Water source.

Water Source	Daily Volume (m <sup>3</sup> )
Municipal	
Private Water Company	
Surface Water (Lake, Pond)	
Onsite Well	
Other Source(s)	

*Attach additional pages if necessary*

### 2. Water Losses

Is there, or will there be, any water used in product manufacturing or lost through evaporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe and provide amounts:		

*Attach additional pages if necessary*

## SECTION D: WASTEWATER SOURCES

Indicate the sources of Wastewater including how they are formed, whether the formation is continuous or in batches, and what the expected daily volume of Wastewater Discharge to the Sanitary Sewer is.

Wastewater Source	Continuous or Batch	Daily Volume (m <sup>3</sup> )

*Attach additional pages if necessary*

## SECTION E: OPERATING PERIOD

### 1. Typical Operating Period

Specify the typical operating period for your business:

Hours/Day	Days/Week	Weeks/Year

Indicate the typical days of operation:      ☐ Mon   ☐ Tue   ☐ Wed   ☐ Thu   ☐ Fri   ☐ Sat   ☐ Sun

Specify the typical hours of operation for your business (as a percentage, %):

00:00 – 08:00	08:00 – 16:00	16:00 – 24:00

### 2. Seasonal Variations

Indicate the typical months of operation for your business:

☐ January      ☐ February      ☐ March      ☐ April      ☐ May      ☐ June  
☐ July      ☐ August      ☐ September      ☐ October      ☐ November      ☐ December

How does, or how will, your business reduce operations during non-peak periods?

☐ Reduced rate of processing      ☐ Not Applicable      ☐ Other: \_\_\_\_\_

## SECTION F: FLOW INFORMATION

Indicate what method is used, or will be used, for measuring volumes of Wastewater discharged to the Sanitary Sewer:

☐ Magnetic flow meter      ☐ Water meter (i.e. 90% of water usage)  
☐ Parshall flume      ☐ Other: \_\_\_\_\_

Maximum Daily Discharge Volume:	L
Peak Flow Rate:	L/s
Maximum Discharge Duration:	Hours/day
	Days/week
	Weeks/year

## SECTION G: WASTEWATER PRETREATMENT

Indicate Pre-treatment devices or processes that you are currently using, or proposing to use, to treat individual or combined Wastewater streams prior to Discharge to the Sanitary Sewer. Check all appropriate boxes.

- |                                                 |                                                  |                                        |
|-------------------------------------------------|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> No Pretreatment        | <input type="checkbox"/> Grease or Oil Separator | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Ozonation              | <input type="checkbox"/> Reverse Osmosis         | <input type="checkbox"/> Ion Exchange  |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Grease Trap             | <input type="checkbox"/> Settling      |
| <input type="checkbox"/> pH Adjustment          | <input type="checkbox"/> Screening               | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Filtration             | <input type="checkbox"/> Grit Removal            | <input type="checkbox"/> Air Flotation |
| <input type="checkbox"/> Other: _____           |                                                  |                                        |

Note: Identify each indicated treatment process on the Schematic Flow Diagram and Site Layout (Attachments A and B required under Section L of this Application).

## SECTION H: PROCESS DESCRIPTION

A Monitoring Point must be designated for each Non-Domestic Wastewater connection to the Sanitary Sewer system and must not include any Domestic Waste. The Monitoring point must be downstream of any Pre-treatment processes and complete mixing must have occurred. Identify the current or proposed Monitoring Point Location(s) in the Site Layout (Attachment B required under Section L of this Application) and describe the current or proposed Monitoring Point(s) below.


*Attach additional pages if necessary*

## SECTION I: SPILL PREVENTION AND CONTAINMENT

Do you have any provisions to prevent spills from entering the Sanitary Sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe:	

*Attach additional pages if neccessary*

## SECTION J: WASTEWATER CLASSIFICATION AND QUALITY

### 1. Prohibited Wastes

Indicate whether any of the following types of Wastes, as defined in Schedule A of the Bylaw, are contained in, or will be contained in, Wastewater discharged to the Sanitary Sewer.

PROHIBITED WASTES					
Air Contaminant Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biomedical Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Temperature Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carpet Cleaning Wastes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Miscellaneous Wastes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrosive Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Obstructive Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disinfectant Process Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PCB's and Pesticides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dyes and Colouring Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	pH Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engine Washing Wastes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pool Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radioactive Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flammable or Explosive Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Semi-Solid Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Turbidity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION J: WASTEWATER CLASSIFICATION AND QUALITY *(continued)*

### 2. Restricted Wastes

Indicate whether the following types of Waste, as defined in Schedule B of the Bylaw, are contained in, or will be contained in, the Wastewater discharged to the Sanitary Sewer. Where the answer is yes, please provide the concentration or range for each Waste before and after treatment. Provide actual analytical data wherever possible. Units should be expressed as mg/L, except as noted.

RESTRICTED WASTES	CONCENTRATION OR RANGE (BEFORE PRETREATMENT)	CONCENTRATION OR RANGE (AFTER PRETREATMENT)
Biochemical Oxygen Demand (BOD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Chemical Oxygen Demand (COD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Oil and Grease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total Suspended Solids (TSS) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Chlorophenols <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Polycyclic Aromatic Hydrocarbons (PAHs) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Tetrachloroethylene <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total BETX <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Aluminum (Al), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Antimony (Sb), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Arsenic (As), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Barium (Ba), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Boron (B), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Cadmium (Cd), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Chromium (Cr), total <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Cobalt (Co), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Copper (Cu), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Cyanide (weak acid dissociable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Fluoride (F), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Lead (Pb), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Manganese (Mn), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		



RESTRICTED WASTES	CONCENTRATION OR RANGE (BEFORE PRETREATMENT)	CONCENTRATION OR RANGE (AFTER PRETREATMENT)
Mercury (Hg), total <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Molybdenum (Mo), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Nickel (Ni), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Selenium (Se), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Tin (Sn), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Zinc (Zn), dissolved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Dioxin TEQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Phenol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total chlorinated phenol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Construction De-watering Waste <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

## SECTION J: WASTEWATER CLASSIFICATION AND QUALITY *(continued)*

### 3. Hazardous Wastes

Does your Wastewater Discharge contain Hazardous Waste, **prior to treatment**? ☐ Yes ☐ No

Does your Wastewater Discharge contain Hazardous Waste, **following treatment**? ☐ Yes ☐ No

If yes to either of the above, detail (on a separate page) the provisions taken to comply with Column 3 of Schedule 1.2 (Standard for Discharges Directed to Municipal or Industrial Effluent Treatment Works) of the Hazardous Waste Regulation. Please provide supporting information and analytical data.

## SECTION K: EXPANSION PLANS

Are any process changes or expansions planned for your operation during the next three years that could alter Wastewater volumes or quality? Consider production processes as well as Pretreatment processes. ☐ Yes ☐ No

If yes, briefly describe these changes and their effects on the Wastewater volume and quality:

*Attach additional pages if necessary*

## **SECTION L: REQUIRED ATTACHMENTS**

### **Attachment A: Schematic Flow Diagram**

The schematic flow diagram must be a simple line drawing illustrating productions/process steps at your facility, with particular emphasis on the processes that generate Wastewater and their associated Pre-treatment systems. Your diagram should include:

- Each process that generates Wastewater (number each Waste source);
- Additional schematics of each Wastewater Pre-treatment process;
- Process Water flow lines;
- Wastewater flow lines; and
- Sewer Discharge point(s).

### **Attachment B: Site Layout**

The site layout locates each activity and process in a physical setting. The site layout, at minimum, should include:

- Building outlines;
- Property lines;
- North arrow;
- Wastewater drainage/collection/Pre-treatment systems;
- Locations of any continuous monitoring equipment (pH, flow meters, etc.);
- Monitoring Point location(s); and
- Sewer Discharge point(s).

Both attachments should be no smaller than 8.5x11 inches and no larger than 11x17 inches.

## SECTION M: REQUESTED PERMIT TERM

Indicate below the length of time that you require a Wastewater Discharge Permit. Please note that the maximum term for a Wastewater Discharge Permit is 3 years.

- |                                         |                                         |                                         |                                           |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 0 -30 days     | <input type="checkbox"/> 31 – 90 days   | <input type="checkbox"/> 91 - 180 days  | <input type="checkbox"/> 181 - 365 days   |
| <input type="checkbox"/> 366 - 548 days | <input type="checkbox"/> 549 - 730 days | <input type="checkbox"/> 731 - 915 days | <input type="checkbox"/> 916 – 1,095 days |

## SECTION N: DECLARATION

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

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

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 Name (Please Print): \_\_\_\_\_ Primary Contact Title: \_\_\_\_\_

Company Name (if Consultant): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### OFFICE USE

Wastewater Discharge Permit File Number: _____	Date Received: _____	Received By: _____
Documents Received: <input type="checkbox"/> Attachment A <input type="checkbox"/> Attachment B <input type="checkbox"/> Other (if applicable), Section(s) _____		
Total Applicable Fees: \$ _____	<input type="checkbox"/> Fees Paid in Approved Format	Date Fees paid: _____
<input type="checkbox"/> Approved (Permit Issued) <input type="checkbox"/> Denied (State Reason Below)		
Date: _____ City Engineer: _____		
Comments: _____ _____ _____ _____ _____ _____ _____		