

Municipal Sewage Regulation (BC Reg. 129 / 99) Registration Form

It is recommended that registrants meet with the Regional Environmental Protection Manager (the Manager) at least 60 days prior to completing this registration form.

This registration form is to be filed with the Manager at the appropriate address. Submission of this form does not constitute registration under the regulation if the form is not completed in a manner acceptable to the Manager. Incomplete or unacceptable forms will be returned.

1. Pre-registration Meeting

(a) Meeting with the Manager held?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Date: _____ (yyyy/mm/dd)
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2. Type of Form

(a) <input type="checkbox"/> Initial registration. Is there a Waste Management Act permit for this discharge?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Permit # PE- _____
(b) <input type="checkbox"/> Revised registration. BC Environment File # RE- _____	Date of last revision: _____ (yyyy/mm/dd)	

3. Registered Discharger Information

Head Office		
(a)	Full legal name (attach copy of appropriate documentation such as proof of company registration)	
(b)	Legal address	
(c)	City, Province, Postal Code	
(d)	Name of Contact Person	Phone (____)
		Fax (____)

Local Office (or local contact)		
(a)	Full name	
(b)	Local address	
(c)	City, Province, Postal Code	
(d)	Name of Contact Person	Phone (____)
		Fax (____)
4. Treatment Facility Information		
(a)	Type of treatment system (include make, model and serial number, if applicable)	
(b)	Level of treatment (e.g., secondary, advanced)	
(c)	Type of disinfection system, if applicable	
(d)	Type of disposal system, if applicable	
(e)	Location of facility (Legal Description)	
(f)	Latitude:	Longitude:
	Specify in decimal degrees using North American Datum — 1983 and indicate source. Latitude and longitude data MUST be surveyed, or determined by GPS and may not be derived from a map.	

(g)	Registered Land Owner (attach copy of certificate of title).		
	If registered land owner different than section 3 above,		
	Name	Phone (____)	Fax (____)
(h)	Treatment Facility Operator (provide copy of proof of certification)		
	Individual or Company Name	Phone (____)	Fax (____)
(i)	Anticipated earliest operating date (yyyy/mm/dd)		
(j)	Anticipated commissioning period, from	to	
	(yyyy/mm/dd):	(yyyy/mm/dd)	

5. Discharge Information

(a)	Maximum daily flow (m ³ /d). State source of discharge (e.g., population and/or number of homes served).
(b)	Minimum reuse (m ³ /d). Also complete section 6 stating seasonal variations, if any.
(c)	Maximum reuse (m ³ /d). Also complete section 6 stating seasonal variation, if any.
(d)	Maximum discharge to the environment [(a) - (b)] (m ³ /d)
(e)	Minimum discharge to the environment [(a) - (c)] (m ³ /d)

(f)	Based on 5 (d)	<input type="checkbox"/> discharge to water	<input type="checkbox"/> discharge to ground
(g)	Maximum BOD ₅ in discharge (mg/L)		
(h)	Maximum TSS in discharge (mg/L)		
(i)	Will the discharge pass or fail the 100% 96hrLC50 toxicity test?		
(j)	Maximum fecal coliform organisms/100 mL of discharge, if applicable		
(k)	Maximum discharge level of any other parameter, specify (refer to schedules 2, 3, 4 or 5, as appropriate):		
(l)	Location of discharge (Gazette Name or Legal Description, if different than section 4 above)		
(m)	Latitude:	Longitude:	
	Specify in decimal degrees using North American Datum— 1983 and indicate source. Latitude and longitude data MUST be surveyed, or determined by GPs and may not be derived from a map.		
(n)	Registered Land Owner (if discharge is to land and if different than section 3 or 4 above)		
	Name	Phone (____)	Fax (____)
(o)	Anticipated earliest date of discharge commencing (yyyy/mm/dd)		

6. Use of Reclaimed Water Information, if applicable

N/A

(a)	Maximum reuse (m ³ /d)	If seasonal, from: (yyyy/mm/dd)	to: (yyyy/mm/dd)
(b)	Minimum reuse (m ³ /d)	If seasonal, from: (yyyy/mm/dd)	to: (yyyy/mm/dd)
(c)	Maximum BOD ₅ in reclaimed water (mg/L)		
(d)	Maximum NTU or TSS in reclaimed (mg/L)		
(e)	Maximum fecal coliform organisms/100 ml in reclaimed water		
(f)	Maximum level of any other parameter, specify (refer to schedules 2, 3, 4 or 5, as appropriate):		
(g)	Use category	<input type="checkbox"/> Unrestricted Public Access	<input type="checkbox"/> Restricted Public Access
(h)	Use, specify		
(i)	Location of reuse (Gazette Name or Legal Description, if different than section 4 or 5 above)		
Latitude:		Longitude:	
Specify in decimal degrees using North American Datum — 1983 and indicate source. Latitude and longitude data MUST be surveyed, or determined by GPs and may not be derived from a map.			

(j)	Registered Land Owner (if different than section 3 above)		
	Name	Phone: (____)	Fax: (____)
(k)	Name of Local Medical Health authority		

7. Operating Plan

(a)	Operating Plan completed	<input type="checkbox"/> yes	<input type="checkbox"/> no
(b)	If no, earliest anticipated date of completion (yyyy/mm/dd)		

8. Environmental Impact Study

(a)	Environmental Impact Study completed	<input type="checkbox"/> yes	<input type="checkbox"/> no
(b)	If no, earliest anticipated date of completion (yyyy/mm/dd)		

9. Financial Assurance Options (FOR PRIVATE RESIDENTIAL DISCHARGES ONLY)

(a)	Form of financial assurance:		
	<input type="checkbox"/> capital replacement fund and security		
	<input type="checkbox"/> local service area bylaw (attach copy of bylaw)		
	<input type="checkbox"/> approved financial assurance plan		
(b)	Earliest anticipated date of providing proof that financial assurance (i.e., a capital replacement fund and security, a local service area bylaw, or an approved financial assurance plan) is in place (yyyy/mm/dd)		

10. Project Status (FOR PRIVATE RESIDENTIAL DISCHARGES ONLY)

(a)	Written proof that the authority having land use jurisdiction (local government, Ministry of Transportation) has been made aware of the discharger's intention to register a discharge attached:		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No, earliest anticipated date of providing such proof (yyyy/mm/dd)	_____	

11. Site Plan

Attach a site plan that shows the locations of discharge and reuse points, including locations of facilities and all buildings, water courses and wells within 500 m of the discharge and reuse points.

12. Compliance with the *Municipal Sewage Regulation*

Please complete and sign **one** of the following:

I, _____ , have reviewed the Municipal Sewage
Registrant Name (Print)

Regulation and hereby certify that this application and proposed discharge(s) complies with all applicable requirements of the regulation.

Date (yyyy/mm/dd)

Signature of Registrant

Address:

Phone:
()

Fax:
()

Or

I, _____ , have received advice from
Registrant Name (Print)

_____, a qualified professional registered with the
Name of Qualified Professional (Print)

_____, that he or she has
Name of Professional Organization (Print)

reviewed the Municipal Sewage Regulation and that this application and proposed discharge(s) complies with all applicable requirements of the regulation.

Date (yyyy/mm/dd)

Signature of Registrant

Address:

Phone:
()

Fax:
()

13. Agent Authorization

I/We hereby authorize _____

(PRINT name of agent)

to deal with you directly on all aspects of the regulation.

Date (yyyy/mm/dd)

Signature of Registrant

14. Fee Estimates (FOR INFORMATION ONLY)

The fee calculation within this registration form is an estimation for registration purposes only. DO NOT submit fees with registration. The Ministry of Water, Land and Air Protection will confirm the fee calculation and will send further instructions regarding payment dates and procedures with acknowledgment of registration. Fees are PST and GST exempt.

(a) Fees for discharges to water

Registration fee in dollars = base fee + 10% of the total variable fee, and
Annual fee in dollars = base fee + total variable fee, where:

base fee = \$100

total variable fee = the sum of the variable fee for each effluent parameter

variable fee = Flow*Quality*10⁻⁶*discharging time*\$/tonne

Parameter	Flow (m ³ /d) Line 5 (d)	Quality (mg/L) Line 5 (g, h, etc.)	10 ⁻⁶	Discharging Time (days/year)	\$/tonne	Variable Fee (\$)
BOD ₅			10 ⁻⁶		\$13.90	
TSS			10 ⁻⁶		\$9.20	
others, specify			10 ⁻⁶		*	
			10 ⁻⁶		*	
			10 ⁻⁶		*	
			10 ⁻⁶		*	
			10 ⁻⁶		*	
*list for information only; for sewage discharges, there are no additional fees for parameters other than BOD ₅ and TSS			Total Variable Fee			\$
			Base Fee			\$100.00
			Annual Fee			\$

(b) Fees for discharges to ground

The variable fee for discharges to ground is calculated using the same approach as described in (a) above for discharges to water except that the fee for TSS is a lesser amount and is calculated by multiplying the discharge to water TSS variable fee by 0.1 prior to summing with other variable fee(s).

(c) Fees for use of reclaimed water

The variable fee for effluent used as reclaimed water is zero.

15. Additional Information

(a)	Additional information attached	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Specify:		

16. Additional Requirements Imposed by the Manager (FOR OFFICE USE ONLY)

(a)	Additional requirements imposed: <input type="checkbox"/> yes	<input type="checkbox"/> no
	Contact the Manager for specific details:	