

File # _____
(Office use only)

**MUNICIPAL SEWAGE REGULATION (B. Reg. 129/99)
Registration Form**

It is recommended that registrants meet with the Regional Pollution Prevention 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? (Ms. Jane Guo)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Date: 1999 07 21 (yyyy/mm/dd)
-----	--	-----------------------------	---

2. Type of Form

(a)	<input checked="" type="checkbox"/> Initial registration. Is there a Waste Management Act permit for this discharge?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Permit # PE- 00351
(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) Fraser Valley Regional District		
(b)	Legal address 8430 Cesena Drive		
(c)	City, Province, Postal Code Chilliwack, B.C. V2P 7K4		
(d)	Name of Contact Person	Phone	Fax
	Mr. Rob Sabine	(604) 702-5000	(604) 792-9684

Local Office (or local contact)

(a)	Full name JAMES Plant		
(b)	Local address 5959 Gladwin Road		
(c)	City, Province, Postal Code Matsqui, British Columbia, V4X 3R2		
(d)	Name of Contact Person	Phone	Fax
	Glenn Dunville	(604) 826-7833	(604) 826-0261

4. Treatment Facility Information

(a)	Type of treatment system (include make, model and serial number, if applicable)
	See Note 1 on attachment
(b)	Level of treatment (e.g., secondary, advanced)
	Secondary
(c)	Type of disinfection system, if applicable
	Chlorine & Sulphur Dioxide
(d)	Type of disposal system, if applicable
	Outfall with Diffuser
(e)	Location of facility (Legal Description)
	See Note 2 on attachment
(f)	Latitude: N5439926.5 Longitude: E549453.9
	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. To N.A.D. 83
(g)	Registered Land Owner (attach copy of certificate of title)
	If registered land owner different than section 3 above,
	Name Phone Fax
	Mr. Rob Sabine (604) 702-5000 (604) 792-9684
(h)	Treatment Facility Operator (provide copy of proof of certification)
	Individual or Company Name Phone Fax
	Glen Danville (604) 826-7833 (604) 826-0261
(i)	Anticipated earliest operating date (yyyy/mm/dd)
	2000/04/30
(j)	Anticipated commissioning period, from (yyyy/mm/dd): to (yyyy/mm/dd):
	2000/02/28 2000/04/30

5. Discharge Information

(a)	Maximum daily flow (m ³ /d). State source of discharge (e.g., population and/or number of homes served). 70,000 m ³ /d from population of approximately 150,000 (includes industrial/commercial allowance).
(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 variations, if any. -
(d)	Maximum discharge to the environment [(a) - (b)] (m ³ /d) 70,000 m ³ /d
(e)	Minimum discharge to the environment [(a) - (c)] (m ³ /d) 70,000 m ³ /d
(f)	Based on 5 (d) <input checked="" type="checkbox"/> discharge to water <input type="checkbox"/> discharge to ground
(g)	Maximum BOD ₅ in discharge (mg/L) 45
(h)	Maximum TSS in discharge (mg/L) 45
(i)	Will the discharge pass or fail the 100% 96hrLC50 toxicity test? Pass
(j)	Maximum fecal coliform organisms/100 mL of discharge, if applicable 200 MPN in the river with no chlorination/dechlorination (chlorination/dechlorination required when river flows drops below 2040 m ³ /sec).
(k)	Maximum discharge level of any other parameter, specify (refer to schedules 2, 3, 4 or 5, as appropriate): Not Applicable
(l)	Location of discharge (Gazette Name or Legal Description, if different than section 4 above) Same as Section 4
(m)	Latitude Same as Section 4 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 Same as Sections 3 & 4. () ()
(o)	Anticipated earliest date of discharge commencing (yyyy/mm/dd) Same as Section 4 (i)

6. Use of Reclaimed Water		Information, if applicable	<input checked="" type="checkbox"/> ²⁰¹⁴
(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 checked="" type="checkbox"/> no
(b)	If no, earliest anticipated date of completion (yyyy/mm/dd) 2000 / 12 / 31		

8. Environmental Impact Study

(a)	Environmental Impact Study completed	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
(b)	If no, earliest anticipated date of completion (yyyy/mm/dd) 2000 / 01 / 31		

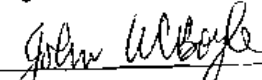
Financial Assurance Options (OR PRIVATE RESIDENTIAL DISCHARGES ONLY)

a)	Form of financial assurance: <input type="checkbox"/> capital replacement fund and security <input type="checkbox"/> local service area bylaw (attach copy of bylaw) Not applicable <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) <u>Not applicable</u>

10. 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.

11. Form completed by

Registrant or Agent's name, if applicable: Dayton & Knight Ltd.

Signature:  Print name: John W.C. Boyle, P.Eng.

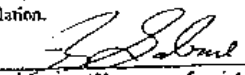
Title: Partner/Project Manager Dated (yyyy/mm/dd): 1999/10/7

Address: P.O. Box 91247 Phone: _____ Fax: _____
West Vancouver, B.C.
V7V 3N9 (604) 922-3255 (604) 922-3253

12. Agent Authorization

I/We hereby authorize Dayton & Knight Ltd. (PRINT name of agent)

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

1999/10/22 Date (yyyy/mm/dd)  (Signature of registrant)

13. 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. BC Environment will confirm the fee calculation and will send further instructions regarding payment dates and procedures with acknowledgement 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	70,000	45	10 ⁶	365	\$13.90	15,981.53
TSS	70,000	45	10 ⁶		\$9.20	10,577.70
others, specify			10 ⁶		*	
			10 ⁶		*	
			10 ⁶		*	
			10 ⁶		*	
			10 ⁶		*	
			10 ⁶		*	
					Total Variable Fee	\$26,559.23
					Base Fee	\$100.00
					Annual Fee	\$26,659.23

*list for information only; for sewage discharges, there are no additional fees for parameters other than BOD₅ and TSS

(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.

14. Additional Information

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

