

WWF005 Rev 1.0 March 2022 Page 1 of 5

Bylaw # 6270-2020 addressing sewer use in Oxford County. Assistance in completing this form is available: by calling 519-539-9800 x3192 or 3139 or by emailing seweruse@oxfordcounty.ca.						
Company Infor	mati	<u> </u>	veruse	<u>@oxioracoum</u>	y.ca.	
Company Name:			Company Phone Number:			
Company Address:						
Company Conta	ct Pe	erson:				
Contact Phone Number:			Contact Email:			
Property Owne	r Info	ormation (check if in	formati	ion is same as	above)	
Property Owner:			Owner Contact Person:			
Owner Address:						
Phone Number:			Owner Email:			
Operational Info	orma	ation				
Number of shifts:		Shift Hours:		Weekends: Yes No As Needed		
Total Number of Employees:		Number of Plant/ Facility Employees:		Number of Office Employees:		
Shift contact person(s) in case of emergency:						
☐ Daytime ☐ Evening ☐ Weekend	Notes:		Name:		Phone Number:	
☐ Daytime ☐ Evening ☐ Weekend	Notes:		Name:		Phone Number:	
Physical Layout and Site Information						
The following sh relevant:	ould	be provided as attach	nments	along with this	complete	d form when
Drawing of property (to scale) showing buildings, pretreatment works, property boundaries, effluent lines, and connections to and identifying sanitary and storm sewers. Attached: Yes No					l: Yes 🗌 No 🗌	
Process Diagram Attached: Yes No [l: Yes 🗌 No 🗌		



WWF005 Rev 1.0 March 2022 Page 2 of 5

Describe the product or services provided/produced at this location including the				
manufacturing process and activities performed on the premise:				
List all Industrial Categories	(North American Industry Classific	ation System):		
-				
MECP Generator Registration	on			
Number (if applicable):				
	Yes □No			
Has the Company been issu	ed an If yes, an attachment is inc	sluded		
ECA or C of A by the MECP	Yes	nadoa.		
<u> </u>				
Water Source Information				
	es that apply and provide the aver	age daily water use and		
sources during regular opera	ations.			
Municipal Supply :	m³/day	Estimated Measured		
Surface Water: Private Well:	m³/day	Estimated Measured Estimated Measured		
Other sources:	m³/day -			
Girici sources.	m³/day	Estimated Measured		
Are there instances where flow rates will vary significantly? Yes \(\square \) No \(\square \)				
If yes, please provide peak flow rates and explanation.				



WWF005 Rev 1.0 March 2022 Page 3 of 5

Are there any ex	kisting Permits to	Take Water at this	s site?	
If yes, a copy must be provided, along with this completed form, as per OWRA and to fulfill the Sewer Use By-law requirements.				
Copies of all relevant PTTWs are attached.				
Discharge Information				
Please identify wastewater discharge locations at the facility including daily volumes.				
Sanitary Sewer		☐Yes ☐No To	otal Discharge m³	
Combined Sewe	er		otal Discharge m ³	
Storm Sewer		☐Yes ☐No To	otal Discharge m³	
Hauled to Dispo	sal Facility	☐Yes ☐No To	otal Discharge m ³	
Septic			/olume: m³	
Are there instances where discharge flow rates will vary significantly? Yes \(\subseteq \text{No} \subseteq \text{If yes, please provide peak flow rates and explanation.} \)				
Please include all discharge points and account for each of the flows in cubic meters per day to the sanitary sewer, storm sewer, surface drains, or evaporation losses (if applicable).				
Indicate the percent of water in final product (if significant and applicable to the site).				
Example:			Comments:	
Process wastewater	Yes	200 m ³ /day	Measured from manufacturing line to sanitary sewer at an average daily flow.	
			Comments:	
Process wastewater	□Yes □No	m ³ /day		
			Comments:	
Cooling water	□Yes □No	m³/day		



WWF005 Rev 1.0 March 2022 Page 4 of 5

Floor drains	□Yes □No	Comments: m³/day		
Floor mopping/ cleaning	□Yes □No	m³/day	Comments:	
Other:	□Yes □No	m³/day	Comments:	
Does the site have any of the following programs in place to address discharges into the sewer system? Please include a copy of each relevant program along with your submission.				
Pollution Preven	ition Practices			Attached: Yes No
Best Manageme	ent Plan			Attached: Yes No
Environmental M	Management Syste	em		Attached: Yes No
S /				Attached: Yes No
Additional Environmental/Water Protection Procedures Attached: Yes \(\sigma \) N				Attached: Yes No
Pre-treatment prior to discharge Attached: Yes No				Attached: Yes No
Please describe sanitary sewer s	•	stems used for trea	ting material	prior to discharge into the
Pre-treatment should be clearly identified in the process flow diagram.				
Yes, attachments included.				
Process Chemical Testing / Substance Information				
Copies of Safety Data Sheets (SDSs) for all chemicals used on the premise must be provided with this application. Yes, attachments included.				
Is there physical/chemical monitoring of the process water or wastewater discharge? Last tested (yyyy-mm-dd):				



WWF005 Rev 1.0 March 2022 Page 5 of 5

		requency that testing occurs:		
		_Yes		
	N	lame of Laboratory:		
Was this analysis completed in an accredite	d			
laboratory?		Certificate of analysis for laboratory results are included.		
		_Yes		
		□Yes □No		
Is there any additional wastewater monitorin completed on site (ex: pH, temperature, in h test results)?	OUISA F	Recent in house testing results are included with this application.		
,		Yes		
Provide a summary of analysis done for disc	charges to	sanitary sewer:		
Submission Information				
Date Completed (yyyy-mm-dd): Title of		Company Representative:		
Name of Company Representative:	Signature	e:		
Completed forms and all accompanying attachments must be emailed to seweruse@oxfordcounty.ca				
For Municipal Use ONLY				
Reviewed by:	Date Received (yyyy-mm-dd):			
Additional Information Required: Yes No	Approved: Yes No			
Comments:				