

Registration Form

for authorization to Discharge Waste under the *Environmental Management Act*

Municipal Wastewater Regulation Registration

FORM REFERENCE CODE: EMA-MWR-01.1

INSTRUCTIONS:

The registration process is comprised of multiple steps that require the submission of a preliminary registration and fee, followed by meetings with Ministry staff, and submission of a final registration. **This form may be used for submission of a Preliminary or Final Registration for a New Registration or a Registration Amendment (changes to an existing registration).**

Before completing this registration form, please review the following:

- Municipal Wastewater Regulation under the *Environmental Management Act* at www.bclaws.ca; and,
- Ministry information and guidance documents that will assist in understanding the registration process and any other documents that may be required at <http://www2.gov.bc.ca/gov/content?id=0876E90DA4744A449423D35EB4E09785>.

It is preferred that this form is completed using a computer or typewriter. If completing this form by hand, please PRINT clearly.

Mandatory fields are marked with an asterisk (*). Please ensure all required fields are completed or the registration form may not be accepted.

Once the preliminary registration has been submitted, the registration will be screened for completeness before the applicant is contacted to proceed through the Preliminary Registration Phase for obtaining an authorization to discharge.

A Pre-Authorization Number and Tracking Number will be assigned to this request. Both numbers should be referenced on all further documents submitted to support the new registration request.

Under *Environmental Management Act*, a person is prohibited from introducing waste into the environment without authorization. Submitting a registration to discharge is NOT an authorization to discharge.

This registration form can be submitted to the Ministry of Environment by email (preferred), by mail or by courier.

There is application fee of \$200 that is due upon submission. See Section 10 for payment information.

| Mail or Email | Courier |
|--|--|
| Environmental Protection Division Business Services Branch PO Box 9377 Stn Prov Govt Victoria, BC V8W 9M1 Email: PermitAdministration.VictoriaEPD@gov.bc.ca | Ministry of Environment Environmental Protection Division Business Services Branch 3rd Floor, 2975 Jutland Road Victoria, BC V8T 5J9 |

Section 1: Purpose of Registration

| | | |
|--|--|----------|
| <p>*Authorization Type Requested (check one)</p> | <p> <input type="checkbox"/> Preliminary registration <input type="checkbox"/> Final registration <input type="checkbox"/> New registration <input type="checkbox"/> Registration amendment, Registration # _____ </p> <p><i>Note regarding amendments: Please ensure any registration amendment (changes to registration) comply with those permissible changes in accordance with section 16 of the Municipal Wastewater Regulation. Any changes required that are beyond what is specified in this section require the submission of a new registration.</i></p> | <p>1</p> |
| <p>Is there an existing Waste Management Act permit for this discharge?</p> | <p> <input type="checkbox"/> No <input type="checkbox"/> Yes, Permit # PE- _____ </p> | <p>2</p> |

If you need to transfer or cancel your registration, please use one of the following forms:

- **EPD-EMA-A2** for change of ownership, name or address
- **EPD-EMA-A3** for cancellations

| | | |
|---|---|----------|
| <p>Are you requesting an Exemption from the Preliminary Application Phase¹?</p> | <p> <input type="checkbox"/> Yes (attach letter with rationale) <input type="checkbox"/> No </p> | <p>3</p> |
|---|---|----------|

¹ This request for an exemption option is intended for registrants that have previous experience with registering under the *Municipal Wastewater Regulation* and do not require a meeting with the Ministry. If you are requesting to bypass the Preliminary Application Process, ensure you have also completed all components of the Registration Form (EPD-MWR-01) and applicable supplemental discharge factor form(s). Please note that requests will not always be granted. Incomplete registrations will be returned if they don't meet Ministry requirements and your registration fee will not be refunded.

Section 2: Registrant Information (“the Registrant”)

This must be the name of the company or person seeking registration, NOT an Agent acting on their behalf.

| | | | | |
|--|---|----------|-------------|----|
| *Registrant Type | <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Government | | | 1 |
| *Company Legal Name <i>as registered with the BC Registrar of Companies</i> | | | | 2 |
| OR * Individual’s Full Legal Name | | | | 3 |
| Doing Business As <i>if applicable</i> | | | | 4 |
| Incorporation Number <i>as registered with the BC Registrar of Companies (if applicable)</i> | | | | 5 |
| *Contact Numbers <i>e.g. (999) 999-9999</i> | Phone | Mobile | | 6 |
| | | | | |
| *Email Address <i>generic company email address</i> | | | | 7 |
| *Legal Address <i>as registered with BC Registrar of Companies</i> | Unit # / Street | | | 8 |
| | City | Province | Postal Code | 9 |
| *Mailing Address <i>if different from above</i> | <input type="checkbox"/> Same as Legal Address | | | 10 |
| | Unit # / Street | | | 11 |
| | City | Province | Postal Code | 12 |
| *Billing Address <i>if different from above</i> | <input type="checkbox"/> Same as Mailing Address <input type="checkbox"/> Same as Legal Address | | | 13 |
| | Unit # / Street | | | 14 |
| | City | Province | Postal Code | 11 |
| Billing Email Address <i>if different than above</i> | | | | 12 |

Section 3: Registrant's Contact for Technical Information

Name of the person the Ministry can contact regarding the technical details of this registration that is NOT the Agent.

| | | | | |
|--|---|----------|-------------|---|
| Contact's Last Name | | | | 1 |
| Contact's First Name | | | | 2 |
| Contact's Title | | | | 3 |
| Mailing Address | <input type="checkbox"/> Mailing address is the same as Section 2 above | | | 4 |
| | Unit # / Street | | | 5 |
| | City | Province | Postal Code | 6 |
| Contact Numbers <i>e.g. (999) 999-9999</i> | Phone | Mobile | | 7 |
| Email Address | | | | 8 |

Section 4: Authorized Agent Information (“the Agent”)

The Registrant may authorize an Agent to deal with the Ministry directly on future aspects of this registration. This section must be completed in full if an Agent is used. An Agent is a person who is not an employee of the Registrant.

| | | | | |
|--|-----------------|----------|-------------|---|
| Agent’s Company Legal Name <i>as registered with the BC Registrar of Companies</i> | | | | 1 |
| Doing Business As <i>if different than above</i> | | | | 2 |
| Agent’s Last Name | | | | 3 |
| Agent’s First Name | | | | 4 |
| Agent’s Title | | | | 5 |
| Mailing Address | Unit # / Street | | | 6 |
| | City | Province | Postal Code | 7 |
| Contact Numbers <i>e.g. (999) 999-9999</i> | Phone | Mobile | | 8 |
| Email Address | | | | 9 |

In this section:

“Registrant” means the applicant as identified in section 2 of this registration form;

“Agent” means the Agent as identified in section 4 of this registration form.

I/we (the Registrant) hereby authorize the above-named Agent to deal with the Ministry directly on all aspects of this registration. I/we (the Registrant) understand and agree with the terms and conditions in Section 8 of this registration form.

| | | |
|---|--|----|
| Registrant’s Full Name <i>NOT the Agent</i> | | 10 |
| Date signed | | 11 |
| Signature of the Registrant | | 12 |

Section 5: Facility Location

| | | | |
|--|--|-------------------------------------|---|
| <p>*Facility Type and Description Briefly describe</p> <ul style="list-style-type: none"> • Overview of the project • The primary activity of the facility • If there is not enough space, you may attach additional information, including conceptual site plans. | | | 1 |
| <p>For internal use only BCENIC Information</p> <ul style="list-style-type: none"> • 562210 Waste treatment – Commercial treatment and disposal • 562220 Sewage treatment <p>WDR Schedule 1</p> | | | |
| <p>*Regional District</p> | | | 2 |
| <p>*Facility Location <i>approximate centre of the site</i></p> <p><i>must be in decimal degree format to 4 decimal places</i></p> | <p>Latitude (e.g., 49.8952) N</p> | <p>Longitude (e.g., 116.8177) W</p> | 3 |
| <p>*Source of Data</p> | <p><input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Google Earth</p> <p><input type="checkbox"/> Other (specify):</p> | | 4 |
| <p><i>*Either Legal Land Description or PID/PIN/Crown File Number is required.</i></p> | | | |
| <p>Legal Land Description (Lot/Block/Plan)</p> | | | 5 |
| <p>PID/PIN/Crown File No.</p> | | | 6 |

| | | | |
|---|--|--------|----|
| *Facility Address | Street / City / Province / Postal Code OR if no civic address, describe location (e.g. 3 km north of Sechelt, BC, on Highway 101) | | 7 |
| *Is appropriate zoning in place for this facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state why: | | 8 |
| Facility Operator Contact First and Last Name | | | 9 |
| Facility Operator Title | | | 10 |
| Facility Operator Contact Numbers <i>e.g. (999) 999-9999</i> | Phone | Mobile | 11 |
| Facility Operator Email Address | | | 12 |

Section 6: Legal Land Owner of Facility (if not registrant)

| | | | |
|--|--|---------|---|
| *The Legal Land Owner of the facility is the Registrant. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 1 |
| *If the Registrant is not the Legal Land Owner: | | | |
| Is this federal or provincial Crown land? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 2 |
| Is the Legal Land Owner aware of the proposed registration to discharge waste? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 3 |
| Has the Legal Land Owner received a copy of this registration? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 4 |
| Legal Land Owner First and Last Name | | | 5 |
| Legal Land Owner Contact Numbers <i>e.g. (999) 999-9999</i> | Phone: | Mobile: | 6 |
| Legal Land Owner Email Address | | | 7 |

Section 7: Technical and Operator Information

| Municipal Wastewater Facility | | |
|--|--|----|
| For flows greater than or equal to 37 m ³ /d, if using actual daily flows, list the water conservation measures significant to the design of the facility and confirm restrictive covenants are in place. | | 1 |
| Type of Treatment System | | 2 |
| Level of Treatment | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced | 3 |
| Wastewater Source | | 4 |
| Type of Disinfection System | | 5 |
| Type of Disposal System | | 6 |
| Anticipated Earliest Date of Discharge Commencing | (yyyy.mmm.dd) | 7 |
| Anticipated Commissioning Period | Start (yyyy.mmm.dd) End (yyyy.mmm.dd) | 8 |
| Maximum Total Daily Flow | m ³ /d | 9 |
| Type of Discharge <i>(check all that apply)</i> | <input type="checkbox"/> Use of Reclaimed Water <input type="checkbox"/> Discharge to Ground <input type="checkbox"/> Discharge to Water | 10 |
| Treatment Facility Operator | | |
| Facility Operator Company Name <i>(if applicable)</i> | | 11 |
| *Facility Operator Last Name | | 12 |
| *Facility Operator First Name | | 13 |
| Facility Operator Title | | 14 |
| *Is this Facility Operator Certified? <i>(Proof of certification needs to be provided prior to discharge)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15 |
| *Contact Numbers <i>e.g. (999) 999-9999</i> | Phone Mobile | 16 |
| Facility Operator Email Address | | 17 |

| Discharge to Ground (if applicable) | | |
|--|--|----|
| Is there a discharge to ground? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete ground discharge factor form (EPD-MWR-02)</i> | 18 |
| Discharge to Water (if applicable) | | |
| Is there a discharge to water? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete water discharge factor form (EPD-MWR-03)</i> | 19 |
| Use of Reclaimed Water (if applicable) | | |
| Is reclaimed water being used? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete reclaim water discharge factor form (EPD-MWR-04)</i> | 20 |

Section 8: Checklist of Additional Information Required

Please note that if the following required information is not submitted with your Registration, your registration may not be accepted as complete.

| Required Information for PRELIMINARY Registration | |
|--|---|
| DRAFT Ground Discharge Factor Form (Form EPD-MWR-02) | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| DRAFT Water Discharge Factor Form (Form EPD-MWR-03) | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| DRAFT Reclaim Discharge Factor Form (Form EPD-MWR-04) | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Location Map Form (Form EPD-EMA-08) | <input type="checkbox"/> Included |
| <i>If requesting Preliminary Application Phase Exemption – Rationale Letter</i> | <input type="checkbox"/> Included |

Documents Required for a FINAL Registration

These documents are NOT needed for the Preliminary Registration Phase; however, they will be required for the Final Registration. Registrants are strongly encouraged to submit drafts of these documents prior to any meetings with the Ministry.

Amendments of existing Registrations will not require the re-submission of the below documents unless they require updating due to the proposed amendment.

| Required Information for FINAL Registration | |
|---|---|
| Operating Plan | <input type="checkbox"/> Included |
| Commissioning Plan | <input type="checkbox"/> Included |
| Contingency Plan | <input type="checkbox"/> Included |
| Irrigation Plan | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Closure Plan | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Environmental Impact Study | <input type="checkbox"/> Included |
| Construction and Operation EIS | <input type="checkbox"/> Included |
| Receiving Environment EIS | <input type="checkbox"/> Included |
| Overflow EIS | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Inflow and Infiltration Study | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |

| | |
|---|---|
| Design drawings | <input type="checkbox"/> Included |
| Site Plan | <input type="checkbox"/> Included |
| Proof of a Security and Capital Replacement Fund | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Proof of an Assurance Plan | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Copy of Local Service Area Bylaw | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Proof that Land Use Authority is aware of this intent to Register | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Proof of a Development permit from the Municipality for construction of this facility | <input type="checkbox"/> Included |
| Certification by qualified professional as per s. 15 of the Municipal Wastewater Regulation | <input type="checkbox"/> Included |
| Proof of certification for the treatment facility operator | <input type="checkbox"/> Included |
| Proof that the local medical health office has authorized or was notified of reclaimed water use | <input type="checkbox"/> Included <input type="checkbox"/> Not applicable |
| Additional information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, specify | |

Section 9: Declaration and Signature

Please carefully read the following before placing your signature.

By completing this Registration for an authorization, the Registrant understands and agrees with the following terms and conditions:

1. In this section:

“Registrant” means the registrant as identified in section 2 of this registration form;

“Director” means any statutory decision maker under EMA;

“EMA” means the Environmental Management Act, S.B.C. 2003, c. 53, as amended or replaced from time to time;

“FOIPPA” means the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c. 165, as amended or replaced from time to time;

“Province” means Her Majesty the Queen in Right of British Columbia;

“Regulatory Document” means:

- a) this registration form,
- b) any document that the Registrant submits or causes to be submitted to the Province or the Director in support of this registration, and
- c) any document that the Registrant submits or causes to be submitted to the Director or the Province pursuant to
 - i. any regulation made under EMA that regulates the facility described above or the discharge of waste from that facility; or
 - ii. any order issued under EMA directed against the Applicant that is related to the facility described above or the discharge of waste from that facility.

2. In consideration of the Province receiving this registration form, subject to paragraph 3, the Registrant hereby irrevocably authorizes the Province to publish on the Ministry of Environment website the entirety of any Regulatory Document.

3. Despite paragraph 2, if the Registrant clearly identifies on the face of a Regulatory Document that the Regulatory Document, or clearly identified portions of it, are confidential and provides in writing with the document a rationale for why the document or portion thereof could not be disclosed under FOIPPA, the Registrant does not consent to the Province publishing the document or any portion of it if, in the opinion of the Director, the document or portion could not be disclosed under FOIPPA, if it were subject to a request under section 5 of FOIPPA.

4. In consideration of the Province receiving this application, the Registrant agrees that it will indemnify and save harmless the Province and the Province’s employees and agents from any claim for infringement of copyright or other intellectual property rights that the Province or any of the Province’s employees or agents may sustain, incur, suffer or be put to at any time that arise from the publication of a Regulatory Document.

5. The Registrant certifies that the information provided in this registration form is true, complete and accurate, and acknowledges that the submission of insufficient information may result in this registration being returned causing delays in the registration review process.

| *Name of Registrant or Agent (print) | *Signature of Registrant or Agent | *Date |
|--------------------------------------|-----------------------------------|-------|
| | | |

Section 10: Payment of Fees

| PART A: Fee Calculation | | |
|-------------------------|---|---|
| Applicable fees | The application fee is \$200 CDN. No PST or GST required. | 1 |
| *Amount submitted | \$ | 2 |

| PART B: Fee transmittal | | | |
|--|--|----------------|---|
| <input type="checkbox"/> I would like a call-back to pay by credit card. * DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL * | <p>Please note there is currently no electronic payment system for credit card transactions. Please complete the following to arrange for a call-back to collect credit card payment information.</p> | | 1 |
| | Name of cardholder | | |
| | Phone number | (999) 999-9999 | |
| <input type="checkbox"/> I am submitting my cheque or money order via mail/courier. | <p>Cheques or money orders not received within 10 business days may result in your application being returned as incomplete.</p> <p>In addition to submitting this application form electronically, please send a printed copy along with your cheque or money order.</p> <p><i>Mail:</i> Environmental Protection Division Business Services Branch PO Box 9377 Stn Prov Govt Victoria, BC V8W 9M1</p> <p><i>Courier:</i> Ministry of Environment Environmental Protection Division Business Services Branch 3rd Floor, 2975 Jutland Road Victoria, BC V8T 5J9</p> | | 2 |
| <input type="checkbox"/> I have questions about the application fees and would like a call-back for consultation. | Name | | 3 |
| | Phone number | (999) 999-9999 | |