



Discharge of Reclaim Water Supplemental Form for authorization to discharge waste under the *Environmental Management Act*

Municipal Wastewater Regulation

FORM REFERENCE CODE: EPD-MWR-04.2

INSTRUCTIONS:

The registration process is comprised of multiple steps that requires submission of a preliminary registration and fee, followed by meetings with Ministry staff, and submission of a final registration. **This form may be used in conjunction with the submission of a Registration under the Municipal Wastewater Regulation (Form EPD-MWR-01).**

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 application form may not be accepted.

Once the preliminary registration has been submitted, this registration will be screened for completeness before the Registrant is contacted to proceed through the Preliminary Application 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 by email (preferred), by mail or by courier.

| Mail or Email | Courier |
|---|---|
| Environmental Protection Division Business Services PO Box 9377 Stn Prov Govt Victoria, BC V8W 9M6 Email: PermitAdministration.VictoriaEPD@gov.bc.ca | Ministry of Environment & Climate Change Strategy Environmental Protection Division Business Services 3rd Floor, 525 Superior Street Victoria, BC V8V 0C5 |

Section 1: Registrant Information

| | | |
|---------------------------------------|---|---|
| *Tracking Number | | 1 |
| *Pre-Authorization Number | | 2 |
| *Applicant Name | | 3 |
| *Facility Name | | 4 |
| *Name of person completing this form | | 5 |
| *This person completing this form is: | <input type="checkbox"/> The Registrant, as named on the MWR Registration Form, Section 2 <input type="checkbox"/> The Agent, as named on the MWR Registration Form, Section 4 | 6 |
| *Number of discharge points | | 7 |

A copy of Section 2 must be completed for each discharge point. I.e. If there are three points of discharge, there should be three copies of Section 2 completed and submitted.

Section 2: Discharge of Reclaim Water

| | | | |
|---|---------------|--|---|
| *Maximum Daily Flow, m ³ /d | | m ³ /d | 1 |
| *Maximum reuse, m ³ /d | | m ³ /d | 2 |
| For seasonal discharges specify discharge period | From (mmm.dd) | To (mmm.dd) | 3 |
| *Maximum BOD ₅ in discharge, mg/L | | mg/L | 4 |
| *Maximum Turbidity or TSS in discharge | | <input type="checkbox"/> mg/L <input type="checkbox"/> NTU | 5 |
| *Maximum fecal coliform organisms/100 mL of discharge (if applicable) | | <input type="checkbox"/> CFU <input type="checkbox"/> MPN | 6 |

| | Parameter | Limit | Units | |
|--|-----------|---|-------|----|
| Maximum discharge level of any parameter identified in the EIS or any other source | | | | 7 |
| | | | | |
| | | | | |
| | | | | |
| *Reclaimed water use category | | <input type="checkbox"/> Indirect Potable Reuse <input type="checkbox"/> Greater Exposure <input type="checkbox"/> Moderate Exposure <input type="checkbox"/> Lower Exposure | | 8 |
| *Rationale for reclaimed water use category selected and description of intended use | | | | 9 |
| *Alternative method of disposal or storage | | | | 10 |
| *Local Medical Health Authority | | | | 11 |

| | | | |
|---|---|--|-----------|
| <p>*Discharge location position i.e. end of pipe coordinates <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> | <p>12</p> |
| <p>*Source of Data</p> | <p><input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Google Earth <input type="checkbox"/> Other (specify):</p> | | <p>13</p> |
| <p>If the Legal Land Description for the facility location is different than this discharge location</p> | | | |
| <p>Legal Land Description (Lot/Block/Plan) OR PID/PIN/Crown File No.</p> | | | <p>14</p> |