

Discharger Information Report (Short Form)

WWF004 Rev 1.1 May 2022 Page 1 of 2

The completion of this form is required by all dischargers to the sewage works under **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**.

Note: Completion of the "Complete Discharger Information Report" may be required based on this report and/or subsequent verification of the site by the Municipality.							
Company Information							
Company Name: Company F			hone Number:				
Company Address:							
Company Contact Persor	n:	T					
Contact Phone Number: Contact I			nail:				
Property Owner Information (check if information is same as above)							
Property Owner:	Owner Contact Person:						
Owner Address:							
Phone Number:	Owner Emai	Owner Email:					
Operational Information	1						
Description of product or	services p	orovided/produced at t	his locatio	n:			
Number of shifts:	Shift Ho	Shift Hours:		Weekends: Yes No As Needed			
Please provide a brief description of the manufacturing process and/or service activities:							
Are there or will there be any of the following wastewater discharges from this facility?							
Process wastewater] Yes] No	Other sources:		☐ Yes ☐ No			
Cooling water	☐ Yes ☐ No	Please list/describe:					



Discharger Information Report (Short Form)

WWF004 Rev 1.1 May 2022 Page 2 of 2

Floor drains	☐ Yes ☐ No					
Does the site have any existing connections to the following sewers?						
Sanitary		☐ Yes ☐ No				
Combined		☐ Yes ☐ No				
Storm		☐ Yes ☐ No				
Septic		☐ Yes ☐ No				
Location of Process Units:			☐Inside ☐ Outside ☐ Outside covered ☐ NA			
Storage of Raw Materials:			☐Inside ☐ Outside ☐ Outside covered ☐ NA			
Storage of Intermediate Products:			☐Inside ☐ Outside ☐ Outside covered ☐ NA			
Storage of Final Products:			☐Inside ☐ Outside ☐ Outside covered ☐ NA			
Does the site have any of the following programs in place to address discharges into the sewer system?						
Pollution Prevention Practices				☐ Yes ☐ No		
Best Management Plan			☐ Yes ☐ No			
Environmental Management System			☐ Yes ☐ No			
Spill Prevention Plan				☐ Yes ☐ No		
Additional Environmental/Water Protect			tion Procedures			
Submission Information						
Date Completed (yyyy-mm-dd):			Title of Company Representative:			
Name of Company Representative:			Signature:			
For Municipal Use ONLY						
Reviewed by:			Date Received (yyyy-mm-dd):			
Additional Information Required:			Approved:			
☐ Yes ☐ No			☐ Yes ☐ No			