



PROVIDING MORE

## **Compliance Program Approval Application**

EPCOR Water Services Inc.

EPCOR Drainage Services and Wastewater Treatment Bylaw 19627, as amended

**RETURN TO:**

Drainage Operations

9504 - 49 Street NW

Edmonton, AB T6B 2M9

Tel: (780) 509-8067

[drainagepermits@epcor.com](mailto:drainagepermits@epcor.com)

**GENERAL INSTRUCTION:**

This is a general application form. You may enter N/A (not applicable) if any section of this application is not related to your project.

This application is not completed until all the required information has been received by Drainage Operations.

Please refer to Schedule 2, Article 1 of the EPCOR Drainage Services and Wastewater Treatment Bylaw 19627 for definitions.

If you do not have an answer for the requested information, indicate so and explain why.

**It may take one week or longer before an approval can be issued. Please submit your application at your earliest possible time.**

Submission of an application does not guarantee an approval. There is a yearly application fee to which is not refunded should the approval be denied.

Should you require assistance in completing this application, please contact Drainage Operations at 780-509-8067.

Provide any site diagrams, process flow diagrams, wastewater analytical results before and after pre-treatment and any other relevant information to aid in processing the application.

Approvals are issued for up to three (3) years. Any Compliance Programs exceeding a one-year term will be invoiced for full term upon approval.

**For Office Use Only:**

Application No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Application Completed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Draft Approval Completed: \_\_\_\_\_

Feedback Received: \_\_\_\_\_

Final Approval Completed: \_\_\_\_\_

**Section A: Administration Information**

Company/Organization Name:

-----  
Address:

-----  
City/Province/Postal Code:

-----  
Owner/Representative:

-----  
Telephone:

-----  
Email Address:

**Billing Information**

Method of invoice delivery:

Mail

Email

-----  
P.O. Number or Cost Centre to be invoiced if applicable:

-----  
Company/Organization/Person Name:  **Same as above**

-----  
Address:

-----  
City/Province/Postal Code:

-----  
Telephone:

-----  
Email Address:



**B3: Production Period**

Hours per day:

Days per week:

---

Working Shifts:

---

Typical period of process wastewater discharge: (ex. 6:00am~7:00am,  
10:00pm~11:00pm etc.)

---

If your production is seasonal, please specify:

---

**B4: Site Plan Attachment:**

The site layout should include, at a minimum, the following information:

- Property boundaries; topography of the area;
- Location and types of buildings;
- Location of drainage facilities, such as sewer lines, manholes, catch basins, ditches and ponds;
- Location of any continuous monitoring equipment (pH, flowrate etc.);
- Wastewater sources;
- Wastewater piping and pre-treatment systems; and
- Sampling location(s).

**Section C: Wastewater Sources and Pretreatment Information**

**C1: Wastewater Sources** (describe all wastewater sources discharged to the sewer, including process wastewater, cooling water blow down, boiler blow down, and surface runoff from high potential contaminant release areas etc. Estimate maximum hourly flow and average daily flow of each wastewater streams if possible.)

	Wastewater Sources Description	Main contaminants	Continuous or batch release	Maximum Flow (m <sup>3</sup> /hr)	Average Flow (m <sup>3</sup> /d)
1					
2					
3					
4					
5					
6					

**C2: Final Release Flow Information**

Daily average flow:

m<sup>3</sup>/day

Yearly flow rate:

m<sup>3</sup>/yr

Daily maximum flow:

m<sup>3</sup>/day

**Maximum flow rate:**

**L/s** (Liters per second)

**C3: Wastewater Pre-treatment**

**Pretreatment Facilities** (explain setup, include equipment/tank sizing, capacity, direction of flow etc and provide a flow diagram of the pre-treatment process):

.....

.....

.....

.....

.....

Explain the estimated removal efficiency.

.....

.....

.....

(use additional pages as necessary)

Explain provisions for bypass of the pretreatment and waste disposal plan.

---



---



---



---



---

(use additional pages as necessary)

**C4: Type of Contamination in Final Wastewater Effluent** (attached an analysis report if available. If analysis for a parameter has not been done, enter “unknown”. If a parameter does not apply to your wastewater, enter “n/a”)

Parameters	Results
BOD (mg/L)	
COD (mg/L)	
O&G (mg/L)	
Phosphorus (mg/L)	
TSS (mg/L)	
TKN (mg/L)	
pH	
Temperature (°C)	
Hydrocarbons (mg/L)	
Phenols (mg/L)	
Total chlorine (mg/L)	
Cyanide (mg/L)	
Sulphide (mg/L)	
Heavy metals	
Ammonia	
Others	





**D3: Details of Proposed Program in an Attachment to this Application**

The details should include:

Statement on alternatives in technology that could be used to bring the release into compliance with Bylaw 19627;

1. The proposed remedial action to be implemented;
2. Sources available to be used for the proposed program;
3. The Activities to be carried out including the scheduled commencement date and completion date:
  - a. Industrial Process Review and Industrial Wastewater Characterization;
  - b. Development of Best Management Practices(BMP);
  - c. Pollution Prevention Audit/Study
  - d. Selection of Treatment Process and Design Criteria (Treat ability Studies);
  - e. Design of Pretreatment System;
  - f. Construction/Installation of Pretreatment System;
  - g. Start-up and optimization of Pretreatment System

Attachment shall be signed and sealed by a Professional Engineer, who is registered and in good standing with the Association of Professional Engineers, Geologists and Geophysicists of Alberta.

**Proposed Compliance Program Schedule**

(Please fill the following table with objectives and schedule of you proposed activities. Compliance program activities usually include industrial wastewater characteristic study, pollution prevention audit, development of best management practice procedures (BMPs), design of pre-treatment system, construction of pre-treatment system, commissioning and optimization of the pre-treatment system etc.)

Activities	Objectives	Commencement Date	Completion Date

**Section E: Other information**

**E1: Water Usage Information**

<b>Water Sources 1:</b>	<b>Water consumption:</b>	
	Maximum	m <sup>3</sup> /day
	Average	m <sup>3</sup> /month
<b>Water Sources 2:</b>	<b>Water consumption:</b>	
	Maximum	m <sup>3</sup> /day
	Average	m <sup>3</sup> /month

**E2: Related Best Management Practices (BMPs) Procedures**(Please attach a copy of all related BMPs and make a list of the attachment here)

---

---

---

(use additional pages as necessary)

**E3: Hazardous Material / Wastes On-site Storage Information** Identify storage location on site layout, specify what type of secondary containment is used for each storage, provide name, address and phone number of waste hauler(s), if used. Please submit a copy of recent receipts/manifests

---

---

---

(use additional pages as necessary)

**E4: Emergency Response Plan Related to Spill Prevention and Control** Please submit a copy of the parts of your Emergency Response Plan which is related to spill prevention and control. Please have a list of the attachment contents here.

---

---

---

(use additional pages as necessary)

**E5: Other Provincial or Municipal Agencies Notified Regarding Wastewater Issues:**

---

---

---

(use additional pages as necessary)



**Section F: Declaration**

The top section must be signed by the owner/his representative or a duly authorized agent. If you elect to appoint an agent, the bottom section must be filled out by the owner.

**I declare that the information given on this form is correct and accurate to the best of my knowledge.**

Name (please print)

\_\_\_\_\_

Title

\_\_\_\_\_

Company

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**I hereby authorize the above representative to deal with all respects of the subject application.**

Name (please print)

\_\_\_\_\_

Title

\_\_\_\_\_

Company

\_\_\_\_\_

Signature

\_\_\_\_\_

Date