Making a difference...together

Waste Discharge Assessment Form
Wastewater Treatment for Other Businesses*

Submit this form and necessary attachments to the CRD for approval prior to treatment works purchase and installation.

EMAIL: sourcecontrol@crd.bc.ca

MAIL: CRD Regional Source Control Program
625 Fisgard Street, PO Box 1000
Victoria, BC V8W 2S6

*For restaurants, cafés or other food service establishments, please fill out the Waste Discharge Assessment Form for Food Service Establishments

FACILITY INFO	New Business ☐ New Location ☐ New Ownership ☐ Renovation/Replacement ☐
DATE OF FORM COMPLETION:	TARGET INSTALLATION DATE:
NAME & LOCATION OF OPERATION	Facility Name _____ Facility Location Address _____ Municipality _____ Postal Code _____ Phone _____ Facility Mailing Address – same as facility ☐ or: _____ Chain ☐ Franchise ☐ Private Owner ☐
REGISTERED OWNER ☐ or LEASEE(S) ☐ OF OPERATION	Registered Owner/Leasee Name _____ Mailing Address _____ City _____ Postal Code _____ Phone _____ Email _____ Website _____
MANAGER/ MAIN CONTACT OF OPERATION	Contact Name _____ Position _____ Phone _____ Fax _____ Email _____
ENGINEER, PLUMBER OR CONTRACTOR	Contact Name _____ Position _____ Phone _____ Fax _____ Email _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY
Personal information contained on this form will only be used for the purpose of reporting and processing this waste discharge assessment form.
Enquiries about the collection or use of information on this form can be directed to the Manager, Information Services at 250.360.3639.

Making a difference...together

Waste Discharge Assessment Form
Wastewater Treatment for Other Businesses*

1. Which of the following types(s) of operations are, or will be, carried out at this facility? (check all that apply)

☐ Carpet Cleaning
☐ Dental Operations
☐ Dry Cleaning
☐ Fermentation (beer/cider/wine/etc.)
☐ Laboratory Operations
☐ Mechanical Service & Repair
☐ Photographic Imaging (including x-ray development)
☐ Printing
☐ Recreation Facility Operations
☐ Vehicle Wash
☐ Other: _____

2. Which will your business be serviced by: ☐ Sanitary sewer system ☐ Septic system

3. Will the waste from this operation be discharged to treatment works specified in the applicable codes of practice (e.g. oil water separator, amalgam separator)? ☐ Yes ☐ No ☐ Don't know

   If yes, please list treatment works utilized or planned and attach all applicable drawings (i.e.. engineered floor plans, plumbing plans, plumbing schematics, etc.)

   _____

   _____

   _____

4. Will the operation use off-site waste management to comply with the requirements of applicable codes of practice?
   ☐ Yes ☐ No ☐ Don't know

5. Is there access for sampling wastewater on your site?
   ☐ Yes ☐ No ☐ Don't know

For further information on Bylaw No. 2922 and the accompanying Codes of Practice please refer to our website at:
www.crd.ca/sourcecontrol
or call 250.360.3256

6. What is the volume of wastewater that your business will discharge to the sanitary sewer each day?
   Specify volume if known: _____

   Otherwise check one of the following volume ranges:
   ☐ Less than 1,000 L/day ☐ 1,000 to 10,000 L/day ☐ 10,000 to 50,000 L/day ☐ Greater than 50,000 L/day

7. Does your business use any of the following to dispose of liquid wastes?
   ☐ Storm drain ☐ Landfill ☐ Septic tank/ground ☐ Waste disposal
   ☐ Incineration/evaporation ☐ Pick up/recycling ☐ Other: _____

8. Notes and/or additional information:

   _____

   _____

EPROSC-280413622-196- Updated August 2026