



CORPORATION OF THE CITY OF VERNON  
 3001 - 32 Ave, Vernon, B.C., V1T 2L8  
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Date of Application: \_\_\_\_\_

City of Vernon Sanitary Sewer Use Bylaw, Number 4863

**CITY OF VERNON SEWER USE PERMIT APPLICATION**

**1. APPLICANT INFORMATION**

Applicants Name: \_\_\_\_\_  
 Applicants Address: \_\_\_\_\_  
 Applicants Phone Number: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Business Address: \_\_\_\_\_

**2. DISCHARGE QUANTITY**

	Yes	No	
Will the discharge to the sanitary sewer be greater than 300m <sup>3</sup> in a 30 day period.	<input type="checkbox"/>	<input type="checkbox"/>	
Maximum projected daily discharge to sanitary sewer:			_____ m <sup>3</sup> /day
Average projected daily discharge to sanitary sewer:			_____ m <sup>3</sup> /day

**3. DISCHARGE CHARACTERISTICS**

Indicate if the waste discharge to the sanitary sewer system contains:

	Yes	No
Flammable or explosive waste	<input type="checkbox"/>	<input type="checkbox"/>
Waste containing pesticides, insecticides, herbicides or fungicides	<input type="checkbox"/>	<input type="checkbox"/>
Waste capable of obstructing wastewater flow	<input type="checkbox"/>	<input type="checkbox"/>
Noxious or malodorous waste	<input type="checkbox"/>	<input type="checkbox"/>
Corrosive waste	<input type="checkbox"/>	<input type="checkbox"/>
Infectious waste	<input type="checkbox"/>	<input type="checkbox"/>
Food waste	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive waste	<input type="checkbox"/>	<input type="checkbox"/>

**4. DISCHARGE QUALITY**

a. Indicate the anticipated value of the following parameters:

pH	_____	
Biochemcial Oxygen Demand	_____	mg/l
Suspended Solids	_____	mg/l
Oil and Grease	_____	mg/l

**b. Check the contaminants expected to be present in the discharge and their estimated concentration:**

	Present		Concentration (in mg/l)		Present		Concentration (in mg/l)
	Yes	No			Yes	No	
Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	_____	Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boron	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	_____	Phenols	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	_____	Phosphorus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cobalt	<input type="checkbox"/>	<input type="checkbox"/>	_____	Silver	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sulphate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sulphide	<input type="checkbox"/>	<input type="checkbox"/>	_____
Iron	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	<input type="checkbox"/>	<input type="checkbox"/>	_____	Zinc	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manganese	<input type="checkbox"/>	<input type="checkbox"/>	_____				

**5. DECLARATION**

I, \_\_\_\_\_

declare that the information given in this application is correct and accurate to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**6. CITY OF VERNON REVIEW ( by OPERATIONS - Utilities Department)**

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

Approved by: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Permit #: \_\_\_\_\_

**7. COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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