

**GENERATOR APPLICATION
FOR DISPOSAL OF NON-DOMESTIC SEWAGE
AND DOMESTIC SEWAGE FROM NON-RESIDENTIAL PROPERTIES**

1. Use this form to:
 - a. Apply for approval for the disposal of non-domestic wastewater including process wastewater, groundwater or contaminated stormwater that can be hauled to a wastewater treatment plant for disposal. The sewage generator may be subject to conditions and bear costs for any testing that may be required by the Niagara Region prior to approval or disapproval to dispose of the sewage. Non-domestic sewage applications should be accompanied by a Certificate of Analysis containing required parameters from a competent laboratory.
 - b. Record information on domestic sewage generated at non-residential locations (e.g. a septic tank at a church or real estate office). Domestic sewage includes wastewater generated from human activities (e.g. toilets, clothes washing, dishwashing, bathing or showering). Domestic sewage applications may be attached to a Hauled Sewage Record at the time of disposal.
2. The original application, along with any supporting information, must be sent to:

Niagara Region
3501 Schmon Parkway, P.O. Box 1042
Thorold, ON L2V 4T7
ATTN: Environmental Enforcement Section
Tel: 905-685-1571 or Fax: 905-685-5205

ALL HAULED SEWAGE MUST ORIGINATE WITHIN THE MUNICIPAL BOUNDARIES OF THE NIAGARA REGION.

All non-domestic sewage approvals, conditions on approvals or disapprovals, shall be given to the applicant in writing by this section.

SEWAGE TYPE: DOMESTIC (toilet/kitchen/shower/laundry only) NON-DOMESTIC

Business Name: _____

Tel: _____ Fax: _____ Email Address: _____

Address: _____

City/Town: _____ Postal Code: _____

Business Contact Person: _____

Sewage Source: Holding Tank Process Tank Septic Tank Other _____

Est. Sewage Volume: _____ (gallons/m³) Once Yearly Monthly Weekly Daily

Characteristics: Colour Sheen Odour Other Certificate of Analysis Enclosed:

Brief description of Waste Generating Process: _____

Statement of Generator (Applicant)

I, the undersigned hereby declare that, to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete and accurate in every way for the purpose of obtaining approval under The Regional Municipality of Niagara Sewer Use By-Law 47-2008.

Name (<i>please print</i>)	Title
Signature	Date (<i>yyyy/mm/dd</i>)

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APPROVALS SECTION

This section for Region Use only

Environmental Enforcement Officer: Approval / Denial (circle)

Signature: _____ Date: _____

Comments: _____

Manager, Quality & Compliance (Wastewater) (if required): Approval / Denial (circle)

Signature: _____ Date: _____

Comments: _____

Manager, Wastewater Operations (if required): Approval / Denial (circle)

Name: _____ Signature: _____ Date: _____

Comments: _____

Final Status:

File Code Assigned: E.05. _____

Domestic Non-Domestic

HSMS Generator Source Number Assigned: _____

Date Entered into HSMS Waste Database: _____

By: _____