

DISCHARGE OF WASTEWATER NOTICE

NOTE: IMMEDIATELY (within 1 hour from detection) report the discharge of wastewater to the Environmental Emergencies Notification Line as follows: 1-902-426-6030 or 1-800-565-1633.

FOLLOW-UP by forwarding this completed report by *email* or *fax* within 24 hours to the contacts listed below.

Utility Name: _____

| To: | Representatives: | E-Mail Completed Notice: | Fax: | Sent |
|---------------------------------|------------------|--|--------------|------|
| Environment Canada | Chris Roberts | ec.pccsm-cssp.ec@canada.ca | 902-490-0711 | |
| | | Ec.FA-LP-Atl.ec@canada.ca | None | |
| CFIA | Catherine Bannon | catherine.bannon@inspection.gc.ca | 902-566-7334 | |
| DFO | | Closure-fermeture@dfo-mpo-gc.ca | None | |
| PEIEECA Environment Division | Morley Foy | wastewaterdischarge@gov.pe.ca | 902-620-3571 | |
| | Ben Lanigan | | | |
| | | | | |

Prov. COA No: _____

Check One: **Planned Discharge Event**

Unplanned Discharge Event

| <i>Please complete below if there are any sample results of discharge:</i> | | | | |
|--|-------------------------|-----------|--|-----------------------------|
| Sample Date | BOD ₅ (mg/l) | SS (mg/l) | Other (fill in parameter) | Faecal Coliform (MPN/100ml) |
| | | | | |
| | | | | |
| | | | | |
| Check one of the following: | | | Check one of the following: | |
| START of Discharge Event UPDATE of Discharge Event END of Discharge Event | | | Treated Wastewater Partially Treated Wastewater Raw Wastewater | |
| Discharge Event Details | | | | |
| Date: _____ | | | Est. cBOD ₅ = _____ mg/l | |
| Time: _____ am pm | | | Est. TSS = _____ mg/l | |
| Location: _____ | | | Est. Faecal Bacteria = _____ MPN/100ml | |
| Receiving Water: _____ | | | Duration: _____ Hrs | |

Flow Information: Flow or Volume = _____ (Please Note Units) = _____

ESTIMATED

KNOWN

Please provide details on Discharge (ie. Reason for Discharge, measures taken to minimize impact, follow-up actions, location details, etc)

Map Attached

| | |
|----------------------------|----------------------------------|
| Reported By (name): | Position: |
| Phone Number: | Email: |
| Date Submitted: (dd/mm/yy) | Time Submitted: _____ am pm |