

APPLICATION FOR AUTHORIZATION TO DISCHARGE LIQUID WASTE AT THE JAMES PLANT TLW FACILITY

RETURN THE COMPLETED APPLICATION TO:

Mailing Address: Through Facsimile:

ATTN: JAMES Plant Operations City of Abbotsford 32315 South Fraser Way Abbotsford, BC V2T 1W7 **ATTN: JAMES Plant Operations** *Facsimile:* 604-826-0261

Please complete the following application form and submit it either by mail or through facsimile using the information listed above. If you have any questions or comments, contact JAMES Plant Operations at 604-557-4424.

You are advised that providing false information on the application or to JAMES Plant Operations staff, or any other employee of the City of Abbotsford or the District of Mission, will result in rejection of the application and loss of use of the trucked liquid waste disposal facility.

I, (your name) declare that the following information is correct and accurate to the best of my knowledge.
Date:
Signature:
BUSINESS INFORMATION
Business Name (Registered Company Name):
Business Licence Number(s) & Applicable Municipality(ies):
Business Address:
(Street)
(City, Province)
(Postal Code)



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CONTACT PERSON REGARDING THIS APPLICATION

Nar	ne:			
Cor	mpany Name:			
Title	e:			
Telephone:			Facsimile:	
Em	ail:			
GEN	IERAL INFORMATION			
1.	What will be the frequency of the discharge from your company? (I.e. Once per day, once per week, once per month, once per year, etc.)			
2.	What will be the average volume of each discharge? Litres			
3.	How long is the Authorization required? (i.e. one time only, one month, 12 months, ongoing, etc.)			
4.	What is the typical nature of the waste to be discharged?			
	□ Septic Tanks		Holding Tanks	
	□ Portable Toilet Waste		Grease Trap Waste	
	□ Other (Please Specify):			



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5. List all vehicles to be used by your business to discharge liquid waste at the JAMES Plant TLW Facility:

Description of Vehicle:		
Capacity:	□ Litres	□ Gallons
Make & Year:		
Licence Number:		
Description of Vehicle:		
Consoitu		
Capacity:	□ Litres	□ Gallons
Make & Year:		
Licence Number:		
Description of Vehicle:		
Boomption of Vollidio.		
Capacity:	□ Litres	□ Gallons
Make & Year:		
Licence Number:		
Description of Vehicle:		
Description of verticie.		
Capacity:	□ Litres	□ Gallons
Make & Year:		
Licence Number:		

This page may be photocopied to provide more spaces for entry if more room is needed to include all vehicles used by your business. Ensure all forms are submitted with the final application.