

Document:	EME-FM-OP Self-Monitoring and Reporting Application
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Sewer Use Bylaw No. 2011-56

A. Applicant Information

Company Name: _____	
Street Address: _____	
Municipality: _____	Postal Code: _____
Primary Contact: _____	Title: _____
Phone Number: _____	Email Address: _____

B. Sampling Location

Physical Location Description: <i>(please attach a site plan showing sampling location)</i>
GPS Information: <i>(optional)</i>
Method of Collection: _____ Accuracy Estimate: _____
UTM Zone: _____ Easting: _____ Northing: _____

C. Sampling Schedule

<i>Dischargers with a surcharge agreement are required to conduct sampling and analysis for each parameter on a minimum monthly frequency (no less than 12 monthly sampling events per year). Costs associated with sampling and analysis will be at the expense of the applicant.</i>
Check the month(s) that samples will be collected:
<input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December
Expected day(s) and time(s) sampling will take place: _____
Type of sample to be taken: <input type="checkbox"/> Composite <input type="checkbox"/> Grab
Please describe your production process: <i>(production hours, cleaning period, shift schedule, etc.)</i>

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D. Parameters Monitored

<input type="checkbox"/> Biochemical Oxygen Demand (cBOD5)	<input type="checkbox"/> Total Suspended Solids
<input type="checkbox"/> Total Kjeldahl Nitrogen	<input type="checkbox"/> Total Phosphorus
<input type="checkbox"/> Phenolic Compounds (4AAP)	<input type="checkbox"/> Oil and Grease
<input type="checkbox"/> Metals	<input type="checkbox"/> Organics
<input type="checkbox"/> Other: _____	

E. Laboratory Information

Laboratory Name: _____	
Street Address: _____	
Town/City: _____	Postal Code: _____
Primary Contact: _____	Position: _____
Phone Number: _____	Email Address: _____
Name of Accreditation Body: _____	
Membership No./Accredited Lab No. _____	

F. Reporting Method

All analytical results are to be uploaded to Sewer Use Bylaw Services at yorkseweruse.york.ca within one (1) week from the date Certificate(s) of Analysis is received from the accredited laboratory.

G. Applicant Signature and Certification

I, the undersigned, have the authority to bind the company and hereby declare that, to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete, true and accurate in every way, and I acknowledge that York Region may reject my application if it contains any false or misleading information.

_____	_____
<i>Signature of Applicant</i>	<i>Date</i>
_____	_____
<i>Printed Name</i>	<i>Position</i>