

Instructions for the Grand River Sewage Discharge Form

Fill in as much information as you can, please note that in certain situations some information will not be available.

Section 1	
Spills Action Centre Officer and Incident Number:	Ask the SAC Officer their name and for an MOE IDS incident number. They may need to call you back with the IDS incident number.
Dates and Times:	Fill in the date and time that the discharge was reported to SAC, the date and time the discharge started (if known) and the date and time the discharge was found. Indicate time as either AM or PM.
Facility Name / Number and Address:	Provide facility name and number if you have it. Provide the address if known. If address is not known, provide street and nearest cross street.
Reporting Operator:	Fill in the name of the person who reported it SAC
Section 2	
Bypass and Overflow:	See the definitions section on back of form and pick the discharge type that applies
Planned maintenance:	Fill in whether this discharge is planned maintenance. If it is planned maintenance fill in whether it is your opinion that effluent will meet discharge limits.
Discharge from Sewage Treatment Plant:	If it is a discharge from a sewage treatment plant, fill in the process point being bypassed and if applicable, the process point where the bypass is brought back into the treatment train. If the discharge is an overflow, the discharge will not be brought back into the treatment train.
Discharge from Sewage Collection System:	Fill in what part of the collection system, the overflow is from
Discharge Direct to Natural Environment:	If Yes, provide a description of the natural environment (i.e. a ditch, creek, wetland, farmer's field etc.). Indicate any wildlife or sensitive plants that may be affected (i.e. fish kill, crops present etc.). If into a water course, indicate the name.
Level of Treatment:	Fill in whether the sewage is raw. If No, indicate what was the last level of treatment the sewage received prior to the discharge and whether it was full or partial treatment
Chlorination:	Fill in whether chlorination was completed and the chlorine residual if known.
Other Disinfection:	Fill in whether disinfection, other than chlorination, was completed and what the other disinfection was.
Weather Conditions (Event):	Fill in what the weather conditions were during the discharge.
Plant Rated Capacity and Current Flow:	Fill in if known.
Cause of Discharge:	Fill in all the causes that apply to the discharge.

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Section 3	
Downstream and / or Internal Notifications by Operator:	Fill in any downstream and / or internal notifications made by the operator. Note that SAC will notify the downstream users and operators are only asked to notify downstream users if there is a user immediately downstream that requires notification due to an urgent risk. Use your best judgment
Initial Volume:	Provide the best estimate, or measurement if available, of the volume of the discharge.
Action Taken by Operating Authority:	Fill in what actions have been completed.
Samples Collected:	Fill in if any samples have been collected, the date / time, whether it is grab or composite and the analysis. If you are completing an analysis not on the list, write in the analysis.
Section 4	
Discharged Ended Date, Time and Duration of Discharge:	Fill in the date that the discharge ended, the time it ended and how long the discharge lasted. Indicate time as either AM or PM
Final Volume:	Provide the best estimate, or measurement if available, of the volume of the discharge.
Updates / Corrections:	Provide any updates or corrections to the original report.
Comments:	Provide any other information that is relevant.