

SCHEDULE 'A'**City of Orillia Waste Survey Report****SECTION 1 - General Information**(a) Name of Person Submitting Report: Bradley Spiewak

(name)

The Corporation of the County of Simcoe

(705) 726-9300

(company name, corporation, owner)

(telephone no.)

1110 Highway 26, Midhurst, ON

L9X 1N6

(postal address)

(postal code)

(b) Company Officer responsible for waste/effluent control:

(name)

(telephone no.)

(c) Location of premises:

2 Borland Street East, Orillia

(number, street, or road, municipality)

SECTION 2 - Product or Service Information

(a) Brief description of manufacturing or service activities:

Community services included child care centre, public administration offices, family support centre, adult day program and respite centre, as well as 130 residential units.

(b) Principal products produced or services rendered:

Principal services are residential use and community and social services.

- (c) Number of employees: 357 residents + 274 non-residents (staff & visitors) = 631
- (d) Duration of each shift: n/a Number of shifts/day: Number of days/week:
- (e) Are major processes: n/a batch continuous both
 If batch, average number of batches per 24-hour day:
- (f) Is the production subject to seasonal variations: n/a Yes No
 If yes, briefly describe seasonal production cycle:

- (g) Is there a special clean-up period: n/a Yes No
 If yes, briefly describe clean-up period activities:

SECTION 3 - Environmental Compliance Approval (ECA)

- (a) List and provide copies of all Environmental Compliance Approvals:

 NA

SECTION 4 - Waste Characteristics

- (a) List all sources of water supply:

Domestic Cold and fire from City

- (b) Type of waste discharged (check all that apply):

Type	Average Flow/Day (m³/day)		
<input checked="" type="checkbox"/> sanitary	<u>119</u>	<input checked="" type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> non-contact cooling	<u> </u>	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> contact cooling	<u> </u>	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> process	<u> </u>	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> other	<u> </u>	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

(c) Wastes are discharged to (check all that apply):

Type	Average Flow/Day (m ³ /day)		
<input checked="" type="checkbox"/> sanitary #1	49.5	<input checked="" type="checkbox"/> estimated	<input type="checkbox"/> measured
<input checked="" type="checkbox"/> sanitary #2	69.5	<input checked="" type="checkbox"/> estimated	<input type="checkbox"/> measured
<input checked="" type="checkbox"/> storm sewer #1		<input checked="" type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> storm sewer #2		<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> ground water		<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> surface water		<input type="checkbox"/> estimated	<input type="checkbox"/> measured

(d) Monitoring point Manhole Other None

SECTION 5 - Physical Lay-out

Layout sketch of property (to scale or approximate) to co-ordinate buildings, pretreatment works, property boundaries, effluent lines, and sanitary and storm sewer connections. (Number sewers so that they can be related to Pollutant Information Sheets). Provide Lot Drainage Plan and Spill Contingency Plan.

See attached Site plan documents

SECTION 6 - Regulation 347 Information

For wastes **not** discharged into or in connections to any sanitary sewer or storm sewer.

- (a) Generator registration number: _____
- (b) Description of waste: _____
- (c) Waste class: _____ Hazardous waste number: _____

SECTION 7 - Regulation 347 Information

For wastes discharged into or in connections to **any sanitary sewer or storm sewer** (complete Section 7 for **each** sewer).

- (a) Description of waste: Residential sanitary waste effluent
- (b) Description of generating process: _____

SECTION 8 - Pretreatment

Pre-treatment devices or processes used for treating wastes or sludges before discharge to the sanitary sewer system (check as many as appropriate):

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grit removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screening
- Sedimentation separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage: _____
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____
- No pretreatment provided: Only residential sanitary waste

SECTION 9 - Pollutant Information Sheet Controlled Matter

Information for: _____ n/a sanitary sewer _____ storm sewer

Sewer number: _____

Indicate by placing an "x" in the appropriate box for each listed parameter whether it is "suspected to be absent", "known to be absent", "suspected to be present", or "known to be present" and the known or expected concentration in milligrams per litre.

PARAMETER	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONCENTRATION mg/litre
1. chlorides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. sulphates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. phosphorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. bismuth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. manganese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. tin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. titanium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. vanadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. phenolic compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. BOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. TSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

29. Oil & grease (animal/veg)	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Oil & grease (mineral/syn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Kjeldahl nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. acute hazardous waste chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. fuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. hazardous industrial wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. hazardous industrial chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. ignitable wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. biomedical wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. PCB wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. reactive wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. severely toxic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. waste radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The information contained in this report to the best of my knowledge and belief is true, complete and accurate.

Bradley Spiewak

 Authorized Representative - Name
 Maintenance and Facilities Project Manager

 Title
 bradley.spiewak@simcoe.ca

 Email



 Signature
 Nov 13, 2020

 Date