

Environmental Compliance Approval Application

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General Information and Instructions

General Information:

Information requested in this form is collected under the authority of the Environmental Protection Act (EPA), Ontario Water Resources Act (OWRA) and Environmental Bill of Rights (EBR), and will be used to evaluate applications for Environmental Compliance Approvals (ECAs) issued under Part II.1 of the EPA. This application form should not be used for *mobile PCB destruction facilities* and *land application sites of septage and biosolids*.

For all questions related to preparing or submitting this form or about the Ministry's collection of information related to applying for an ECA, contact:

Environmental Approvals Access and Service Integration Branch

2 St. Clair Ave. West, Floor 12A,
Toronto, Ontario M4V 1L5.
Telephone outside Toronto 1-800-461-6290
or in Toronto 416-314-8001.

This office can also provide you with copies of application forms and supporting documentation.

Instructions:

1. Applicants are responsible for ensuring that they complete the most recent application form.
Application forms and information about the required supporting documentation and technical requirements are available from the **Environmental Approvals Access and Service Integration Branch** (the address and phone number are provided in the General Information on this page). As well, you can get this information from your local District Office of the Ministry of the Environment, and on the Resources section of the Ministry of the Environment website at: www.ene.gov.on.ca/environment/en/resources/index.htm.
2. A complete application consists of:
 - a completed and signed application form;
 - all required supporting documents and technical requirements identified in:
 - i. this form,
 - ii. Ministry guidance,
 - iii. the Applications for Environmental Compliance Approvals regulation, and
 - payment of the application fee (in Canadian funds) by certified cheque or money order made payable to the Minister of Finance, or credit card payment (for payments up to \$10,000). For *Transfer of Review*, make your cheque or money order payable to the appropriate municipality.

The Ministry may return incomplete applications to the applicant. The Director may require additional information of any application initially accepted as complete.

3. Submit the complete application as follows:
 - One (1) paper copy (unless your application is a *Transfer of Review*), one (1) electronic copy and the fee to the **Director, Environmental Approvals Access and Service Integration Branch** at the address provided in the General Information on this page.
 - If your application is a *Transfer of Review*, you must submit two (2) copies of the completed application and the fee to the designated municipal authority.
4. You must also send a copy of the application without the fee to the local Ministry District Office that has jurisdiction over the area where the facilities are located. DO NOT send payment to the District Office.
 - To locate the appropriate local Ministry District Office, visit the Ministry of the Environment website at: www.ene.gov.on.ca/environment/en/about/regional_district_offices/index.htm.
5. For Waste Disposal Sites you must also send a copy of the application without the fee to the Clerk's office of the local municipality (both upper and lower tier) in which the facility/proposed facility is located unless the application is for a revocation or an amendment that is environmentally insignificant or the applicant is a

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municipality. DO NOT send any payment information to the municipality.

Information collected by the Ministry of the Environment is subject to the Freedom of Information and Protection of Privacy Act (FIPPA). If you are of the view that any part of application is confidential on the grounds that such information constitutes a trade secret or scientific, technical, commercial, financial or labour relations information, please make this known now. Otherwise, the Ministry may make the information available to the public without further notice to you.

It is an offence under the EPA and OWRA to provide false or misleading information in this application and/or accompanying documents.

The Electronic Form Smart Features

The electronic version of this form incorporates several features to assist you with completing your application.


The electronic form will highlight required information with **red** and **green** indicators. **Red** means that the information is required before the section is complete.


The form will also calculate certain values based on the information you enter and will assist you in ensuring that all required information is included with your application. You can save a copy of this form that includes any information you have entered.


These features are available in Adobe Reader version 8 or above. You can download a copy from the website at: <http://get.adobe.com/reader/otherversions/>.

Smart Features Legend:


These active buttons appear throughout the Application form to provide additional support.


 **Mandatory fields required to be filled in**


 **Mandatory fields completed**

 Click on the question mark icon to receive additional information.

 **Print Form Button** — Prints the entire form.

 **Clear Form Button** — Clears the entire form.

 **Save Form Button** — Saves the entire form.

 **Calculate Button** — Calculates fees.

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Ministry of the Environment
Public Information Centre:
Telephone: 416-325-4000
Toll-free: 1-800-565-4923
E-mail: picemail.moe@ontario.ca
www.Ontario.ca/Environment

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For Office Use Only			
Reference Number	Payment Received	Date (yyyy/mm/dd)	Initials
	\$		

Application Summary

Applicant Name ?

Marineland of Canada Inc.

Project Name ?

Marineland Waste Disposal Site

Project Description Executive Summary ?

This proposal is for a new Environmental Compliance Approval (Waste Disposal Site) for the use and operation of a 0.5 hectare waste disposal site within a total area of 270 hectares and a receiving capacity of 40 cubic metres per year for the subsurface disposal of deceased park animals only. No other wastes will be accepted. The disposal site will have a final volumetric capacity of 1000 cubic metres and a minimum anticipated life expectancy of 25 years to serve only Marineland for the burial of its on-site park animals. Burial will occur on an as-needed basis between 7:00 AM and 5:00 PM.

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Required Information 

Project Name & Description	Completed (yes or no)
Section 1: Applicant Information	Yes
Section 2: Project Information	Yes
Section 3: Regulatory Requirements	Yes
Section 4: Site Information	Yes
Section 5: Facility Information	Yes
Section 6: Supporting Documentation	Yes
Section 7: Payment Information	No

Fee Summary: 

Administrative Processing	\$	
Review of EPA s. 9 activities	\$	
Review of EPA s. 27 activities	\$	
Review of OWRA s. 53 activities	\$	
Total Fee	\$	

[Calculate](#)

Application Status Please complete the sections as shown above

The Ministry may request additional fees upon review of this application.

If you are submitting this form in print version only and are not using the smart calculation feature, please attach the fee calculation separately.

Supplemental Application Information

See help text on required information for this section. 

The proposed start date of this operation is immediately upon receipt of approval.

Pre-application consultation with MOE staff (Gebrezghi and Neill) occurred in Niagara Falls on June 3, 2013.

A copy of this application and attached report has also been provided to the MOE Niagara District Office.

The following report is included with this application report to provide all required background information and design, operation and monitoring requirements:

Supporting Documentation for ECA Application
 Proposed Waste Disposal Site
 Marineland of Canada Inc.
 Stantec Consulting Ltd
 June 2013

1 Applicant Information

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1.1 Applicant Information ?

Applicant Name (legal name of individual or organization as evidenced by legal documents)

Marineland of Canada Inc.

Business Number

103519831

Business Name same as Applicant Name

Business Website Address:

Marineland of Canada Inc.

marineland.ca

Applicant Type:

- Corporation
 Individual
 Partnership
 Sole Proprietor
 Federal Government
 Municipal Government
 Provincial Government
 Other (describe):

Primary North American Industry Classification System (NAICS) Code ▼ ?

71311

Other NAICS codes (select all that apply) ▼ Separate list attached? Yes No

Business Activity Description

Theme park

1.2 Applicant Physical Address ?

Civic Address – Street Information (includes street number, name, type and direction)

7657 Portage Road

Unit Identifier (suite or unit number)

Survey Address

Lot	Concession	Part	Reference Plan

Municipality/Unorganized Township or Territory Upper Tier/District Province/State Country Postal Code/ZIP Code

Niagara Falls Ontario Region of Niagara Ontario Canada L2E 6X8

Telephone Number (include area code & ext.)

905-356-8250 ext.

Fax Number (include area code)

204

905-374-6652

Mobile Number (include area code)

E-mail Address

tracy@marineland.ca

Geo Reference (required) ?

Description of location	Map Datum	Zone	Accuracy Estimate	Geo-Referencing Method	UTM Easting	UTM Northing
Southwest corner of property	NAD83	17	1-10 metres	GIS Software	656162.31	4768042.32
Physical location of front door or main entrance	NAD83	17	1-10 metres	GIS Software	656895.81	4769925.17

1 Applicant Information

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1.3 Applicant Mailing Address ?

Same as Applicant Physical Address? Yes No

Civic Address – Street Information (civic numbering and street information includes street number, name, type and direction)			Unit Identifier (suite or unit number)
7885 Stanley Avenue			
Delivery Designator	Delivery Identifier	Postal Station	
Municipality/Unorganized Township or Territory	Province/State	Country	Postal Code/ZIP Code
Niagara Falls	Ontario	Canada	L2E 6X8

1.4 Statement of the Applicant ?

I am authorized to prepare and submit this application and to make this certification. I have reviewed the complete application and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

- The information contained in this application is complete and accurate.
- The Technical Contact(s) identified in this application has/have been authorized to prepare certain technical material, and act on behalf of the applicant to discuss this application with the Ministry of the Environment and to provide additional information about this application to the Ministry on request.
- The information provided to the Technical Contact(s) in relation to this application is complete and accurate.

Name of Signing Authority (please print)			Title		
Tracy Stewart			Director of Administration		
Telephone Number (include area code & ext.)		Fax Number (include area code)		Mobile Number (include area code)	
905-356-8250 ext. 204		905-374-6652			
E-mail Address		Signature		Date (yyyy/mm/dd)	
tracy@marineland.ca					

1.5 Statement of the Municipality N/A ?

I, the undersigned hereby declare on behalf of the Municipality, that the Municipality has no objection to the construction of the works in the Municipality.

Name and Title (please print)	Name of Municipality
Signature	Date (yyyy/mm/dd)

2 Project Information

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2.1 Reason for Application ?

- New ECA Amendment to existing ECA Revocation of existing ECA
 Administrative amendment to existing ECA Application for renewal of limited operational flexibility Consolidation of existing ECAs

Are you adding a new project type to your site or a new municipal waste category/class code to your waste management systems or a new sewage facility type? Yes No

Is this for *Transfer of Review*? Yes No



2.2 Project Type (select all that apply) ?

Yes	N/A		Limited Operational Flexibility?	Pilot Project?
<input type="radio"/>	<input checked="" type="radio"/>	Air – Stationary	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Air – Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Noise	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Vibration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/>	<input type="radio"/>	Waste Disposal Site – Landfill site	N/A	<input checked="" type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Disposal Site – Transfer site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Disposal Site – Processing site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Disposal Site – Composting site	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Disposal Site – Thermal Treatment site	N/A	<input type="checkbox"/>

Yes	N/A		Limited Operational Flexibility?	Pilot Project?
<input type="radio"/>	<input checked="" type="radio"/>	Sewage – Industrial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Sewage – Municipal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Sewage – Private	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Management System – General Waste Management System	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Management System – Hauled Sewage (Septage)	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Management System – Soil Conditioner for transport to a site for Application on Land	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Waste Management System – Mobile Waste Processing	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Cleanup of contaminated sites – Mobile	N/A	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="radio"/>	Cleanup of contaminated sites – Site-specific	N/A	<input type="checkbox"/>

2 Project Information

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2.3 Approval Information ?

Application initiated by:

- Applicant
 S. 20.18 Order (attach copy)
 Condition of existing approval
 Provincial Officer Order (attach copy)
 Inspection Report (attach copy)
 Other (specify):

Current Environmental Compliance Approvals that may be changed or amended by this application: N/A

Separate list attached? Yes No

Environmental Compliance Approval Number	Date of Issuance (yyyy/mm/dd)

Environmental Compliance Approval Number	Date of Issuance (yyyy/mm/dd)

Proposed Environmental Compliance Approvals related to this project: N/A

Separate list attached? Yes No

Project type	Ministry Reference Number (if applicable)	Have submitted	Have not submitted
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

2.4 Other Approval/Permits for Facility N/A ?

Separate list attached? Yes No

List all other instruments (approvals or permits) issued by the Ministry of the Environment or applied for under the Environmental Protection Act, Environmental Assessment Act, Ontario Water Resources Act and Safe Drinking Water Act, 2002 and any Environmental Activity and Sector Registrations that are relevant to this application.

Instrument Type	Instrument Number	Approval or Application Date (yyyy/mm/dd)

Instrument Type	Instrument Number	Approval or Application Date (yyyy/mm/dd)

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2.5 Technical Contacts ?

Technical Contact 1

Area of Responsibility (check all that apply) Air Noise/Vibration Sewage Waste

Name of Technical Contact

James Archibald P.Eng.

Company

Stantec Consulting Ltd.

Telephone Number (include area code & ext.)

519-574-4115

ext.

Mobile Number (include area code)

519-497-8742

Fax Number (include area code)

519-579-8806

E-mail Address

james.archibald@stantec.com

Address Information: ?

Same as Applicant Mailing Address? Yes No (If no, please provide technical contact address information below.)

Civic Address – Street Information (includes street number, name, type and direction)

49 Frederick Street

Unit Identifier (suite or unit number)

Delivery Designator

Delivery Identifier

Postal Station

Municipality/Unorganized Township or Territory

Kitchener

Province/State

Ontario

Country

Canada

Postal Code/ZIP Code

N2H 6M7

I have been authorized by the applicant to prepare the technical materials for the area(s) of responsibility identified above that are included in the application. I have reviewed those technical materials and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

- The technical materials contained in this application in respect of the area(s) of responsibility identified above are complete and accurate.
- I have the relevant education and experience necessary to provide this certification.

Signature

Date (yyyy/mm/dd)

2 Project Information

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Technical Contact 2 N/A ?

Area of Responsibility (check all that apply) Air Noise/Vibration Sewage Waste

Name of Technical Contact Company

Telephone Number (include area code & ext.) ext. Mobile Number (include area code) Fax Number (include area code) E-mail Address

Address Information: ?

Same as Applicant Mailing Address? Yes No (If no, please provide technical contact address information below.)

Civic Address – Street Information (includes street number, name, type and direction) Unit Identifier (suite or unit number)

Delivery Designator Delivery Identifier Postal Station

Municipality/Unorganized Township or Territory Province/State Country Postal Code/ZIP Code

I have been authorized by the applicant to prepare the technical materials for the area(s) of responsibility identified above that are included in the application. I have reviewed those technical materials and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

- The technical materials contained in this application in respect of the area(s) of responsibility identified above are complete and accurate.
- I have the relevant education and experience necessary to provide this certification.

Signature Date (yyyy/mm/dd)

2 Project Information

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Technical Contact 3 N/A ?

Area of Responsibility (check all that apply) Air Noise/Vibration Sewage Waste

Name of Technical Contact Company

Telephone Number (include area code & ext.) ext. Mobile Number (include area code) Fax Number (include area code) E-mail Address

Address Information: ?

Same as Applicant Mailing Address? Yes No (If no, please provide technical contact address information below.)

Civic Address – Street Information (includes street number, name, type and direction) Unit Identifier (suite or unit number)

Delivery Designator Delivery Identifier Postal Station

Municipality/Unorganized Township or Territory Province/State Country Postal Code/ZIP Code

I have been authorized by the applicant to prepare the technical materials for the area(s) of responsibility identified above that are included in the application. I have reviewed those technical materials and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

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- I have the relevant education and experience necessary to provide this certification.

Signature Date (yyyy/mm/dd)

2 Project Information

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Technical Contact 4 N/A ?

Area of Responsibility (check all that apply) Air Noise/Vibration Sewage Waste

Name of Technical Contact Company

Telephone Number (include area code & ext.) ext. Mobile Number (include area code) Fax Number (include area code) E-mail Address

Address Information: ?

Same as Applicant Mailing Address? Yes No (If no, please provide technical contact address information below.)

Civic Address – Street Information (includes street number, name, type and direction) Unit Identifier (suite or unit number)

Delivery Designator Delivery Identifier Postal Station

Municipality/Unorganized Township or Territory Province/State Country Postal Code/ZIP Code

I have been authorized by the applicant to prepare the technical materials for the area(s) of responsibility identified above that are included in the application. I have reviewed those technical materials and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

- The technical materials contained in this application in respect of the area(s) of responsibility identified above are complete and accurate.
- I have the relevant education and experience necessary to provide this certification.

Signature Date (yyyy/mm/dd)

3 Regulatory Requirements

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3.1 Environmental Bill of Rights (EBR) Requirements

Is this a proposal for a prescribed instrument under the EBR? Yes No

If yes, is this proposal exempted from the EBR requirements? Yes No

If yes, please check one of the following (Please provide supporting information.)

- This proposal has been considered in a substantially equivalent process of public participation. (EBR, 1993, s.30.)
- This proposal is for an emergency situation. (EBR, 1993, s. 29.)
- This proposal is for an amendment to or revocation of an existing Environmental Compliance Approval that is not environmentally significant. (EBR, 1993, s. 22 (3).)
- This proposal has been subject to or exempted from EAA Requirements or considered in a decision of a tribunal. (EBR, 1993, s. 32.)

3.2 Environmental Assessment Act (EAA) Requirements

Is the proposed undertaking subject to the requirements of the EAA? Yes No

If yes, please check one of the following:

- The undertaking has fulfilled the requirements of the EAA through an exemption provided under:
 - Section _____ of Ontario Regulation No. _____ or
 - Declaration/Exemption Order Number _____If Regulation, Declaration Order or Exemption Order does not refer directly to this undertaking, please provide supporting documentation to explain why it applies to this facility.
- The proposed undertaking has fulfilled the requirements of the EAA through the completion of a Class EA process:
 - Name of Class EA: _____
 - Schedule/Group/Category (if applicable): _____If applicable, please submit a copy of the proof of completion (for example, Notice of Completion).
 - Was the undertaking subject of a Part II Order request(s)? Yes No If yes, please submit a copy of the Director's or Minister's decision letter.
- The proposed undertaking has fulfilled all of the requirements for the EAA through:
 - completion of an Environmental Screening Process pursuant to O. Reg. 101/07 of the EAA
 - completion of an Environmental Screening Process pursuant to O. Reg. 116/01 of the EAAWas the undertaking subject of an elevation request(s)? Yes No If yes, please submit a copy of the Director's decision letter. If an appeal was made of the Director's decision, please also submit a copy of the Minister's decision letter.
 - completion of an Environmental Screening Process pursuant to O. Reg. 231/08 of the EAAWas the undertaking subject of an objection(s)? Yes No If yes, please submit a copy of the Minister's decision letter.
- The proposed undertaking has fulfilled the requirements of the EAA through the completion of an individual Environmental Assessment. Please submit a copy of the signed Notice of Approval.

3 Regulatory Requirements

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3.3 Consultation/Notification

Are there any consultation/notification activities that you have undertaken to fulfill requirements by other legislation or through voluntary efforts?

- Yes No

If yes, please:

- 1) describe the consultation/notification activities below; and
- 2) attach documents describing each of these consultation/notification activities, any changes to the project as a result of these activities and any planned consultation/notification activities in the future.

4 Site Information

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4.1 Site Address or Storage Location ?

Will the vehicles or equipment be stored at more than one location? Yes No N/A

(If yes, please enter all vehicle or equipment storage locations below and attach separate list, as necessary.)

Same as Applicant Physical Address? Yes No

Primary Civic Address – Street Information (includes street number, name, type and direction) Unit Identifier (suite or unit number)

7657 Portage Road	
Additional Civic Addresses	Separate list attached? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Unit Identifier (suite or unit number)

Primary Survey Address

Lot	Concession	Part	Reference Plan

Municipality/Unorganized Township or Territory	Upper Tier/District	Province/State	Country	Postal Code/ZIP Code
Niagara Falls Ontario	Region of Niagara	Ontario	Canada	L2E 6X8

Non-address Information (includes any additional information to clarify the physical location)

--

Same as Applicant Physical Geo Reference? <input checked="" type="radio"/> Yes <input type="radio"/> No							Geo Reference (required) ?	
Description of location	Map Datum	Zone	Accuracy Estimate	Geo-Referencing Method	UTM Easting	UTM Northing		
Southwest corner of property	NAD83	17	1-10 metres	GIS Software	656162.31	4768042.32		
Physical location of front door or main entrance	NAD83	17	1-10 metres	GIS Software	656895.81	4769925.17		

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4.2 Site or Storage Location Information ?

Site Name: Days and Hours of Operation: Ministry of the Environment District Office:

Is the site (property) that is the subject of this application owned by the applicant?
If no, please include the owner's name, address and a signed document indicating that the applicant has the authority to install and operate the proposed activity, or store vehicles or equipment on the land. Yes No

Is the applicant the operating authority of the site that is the subject of this application?
If no, please include the operating authority name, address and phone number. Yes No

Is the site located in an area of development control as defined by the Niagara Escarpment Planning & Development Act (NEPDA)?
If yes, please attach a copy of the NEPDA permit for proposed activity. Yes No

Is the site within an area covered by the Oak Ridges Moraine Conservation Plan?
If yes, please attach proof of municipal planning approval for the proposed activity/work (for example, zoning by-law, letter from municipality, etc.). Yes No

4.3 Site Zoning and Classification N/A ?

Current Land Use: Official Plan Designation: Current Zoning (Please attach zoning map, if available.):

Adjacent Land Use (select all that apply):
 Industrial Commercial Residential Agricultural Recreational Other (specify):

Adjacent Land Zoning:

Does the current zoning permit the proposed activity? Yes No

Does the applicant have correspondence from the municipality to confirm that the current zoning of the property permits the proposed use? Yes No If yes, please attach correspondence from the municipality.

Does the official plan designation support the proposed activity? Yes No N/A

4 Site Information

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4.4 Point of Entry into Ontario (for waste management system vehicles that are stored at an address outside of Ontario) N/A

City in closest proximity to the point of entry	Description of Point of Entry

4.5 Source Protection/Drinking Water Threats (sewage or waste disposal site applications only) N/A

Check the source protection area(s) where the activity is/will be located:


- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Ausable Bayfield | <input type="checkbox"/> Grand River | <input type="checkbox"/> Raisin Region | <input type="checkbox"/> Lower Thames Valley |
| <input type="checkbox"/> Maitland Valley | <input type="checkbox"/> Kettle Creek | <input type="checkbox"/> South Nation | <input type="checkbox"/> St. Clair Region |
| <input type="checkbox"/> Cataraqui Region | <input type="checkbox"/> Long Point | <input type="checkbox"/> Grey Sauble | <input type="checkbox"/> Upper Thames River |
| <input type="checkbox"/> Central Lake Ontario | <input type="checkbox"/> Lakehead | <input type="checkbox"/> Northern Bruce Peninsula | <input type="checkbox"/> Crowe Valley |
| <input type="checkbox"/> Credit Valley | <input type="checkbox"/> Mattagami | <input type="checkbox"/> Saugeen Valley | <input type="checkbox"/> Ganaraska |
| <input type="checkbox"/> Toronto and Region | <input type="checkbox"/> Mississippi Valley | <input type="checkbox"/> Sault Ste. Marie | <input type="checkbox"/> Kawartha-Haliburton |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Rideau Valley | <input type="checkbox"/> Lake Simcoe & Couchiching/Black River | <input type="checkbox"/> Lower Trent |
| <input type="checkbox"/> Halton | <input checked="" type="checkbox"/> Niagara | <input type="checkbox"/> Nottawasaga Valley | <input type="checkbox"/> Otonabee-Peterborough |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> North Bay Mattawa | <input type="checkbox"/> Severn Sound | <input type="checkbox"/> Outside a source protection area |
| <input type="checkbox"/> Catfish Creek | <input type="checkbox"/> Quinte | <input type="checkbox"/> Sudbury | |

Is the proposed activity located or planned to be located in a vulnerable area identified in a local assessment report source protection plan under the Clean Water Act, 2006?

Yes No

If yes, what is/are the vulnerable area(s)/zone(s)?

- | | |
|---|---|
| <input type="checkbox"/> Wellhead Protection Areas | <input type="checkbox"/> Surface Water Intake Protection Zones |
| <input type="checkbox"/> Highly Vulnerable Aquifers | <input type="checkbox"/> Significant Groundwater Recharge Areas |

Is the activity being applied for identified as a significant drinking water threat in the assessment report for the local source protection area? 

Yes No

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4.6 Receiver of Effluent Discharge (sewage applications only) N/A

Intermediate Receiver Name Watershed Name

Surface Water Groundwater Other (specify):

Has the facility received local Conservation Authority clearance? (for stormwater management facility discharging to the natural environment)
 Yes N/A If yes, please include a copy of the Conservation Authority clearance.

Final Receivers N/A

Will the proposed activity discharge sewage to any of the following critical receivers?
 Lake Simcoe Rideau River Detroit River Other (specify):
 Great Lakes Rouge River Bay of Quinte

Is the receiver a Policy 2 receiver? Yes No

Do you have a Policy 2 deviation approval from the directors? Yes No If yes, please attach a copy of the Director's approval.


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5.1 Air N/A  IF YOUR APPLICATION DOES NOT HAVE AIR EMISSIONS PLEASE PROCEED TO SECTION 5.2

5.1.1 Summary of Equipment that Discharges Contaminants to the Air 

(√)	Description	Number of Pieces of Equipment
<input type="checkbox"/>	Combustion equipment that uses natural gas, propane, no. 2 oil, landfill gas or sewage treatment gas for fuel for the purpose of providing comfort heating or emergency power, producing hot water or steam, or heating material in a system that does not discharge to the atmosphere (Total Heat input of all units ≤ 50,000,000 kJ/hr)	N/A
<input type="checkbox"/>	Storage tanks	N/A
<input type="checkbox"/>	Welding operations that use a maximum of 10 kilograms of welding rod per hour	N/A
<input type="checkbox"/>	Combustion equipment that uses waste-derived fuel for the purpose of providing comfort heating, burning ≤ 15 litres per hour	
<input type="checkbox"/>	Heat cleaning ovens used for parts cleaning and associated parts washers or degreasing equipment, other than solvent degreasing equipment	
<input type="checkbox"/>	Cooling towers	
<input type="checkbox"/>	Equipment used to control emissions of contaminants, other than a fume incinerator	
<input type="checkbox"/>	Laboratory fume hoods	
<input type="checkbox"/>	Paint spray booths and associated equipment that have a design capacity of up to 8 litres per hour of paint	
<input type="checkbox"/>	Grain dryers	
<input type="checkbox"/>	Any other equipment not listed above with a flow rate of less than or equal to 1.5 m ³ per second	
<input type="checkbox"/>	Any other equipment not listed above with a flow rate of greater than 1.5 m ³ per second	
<input type="checkbox"/>	Equipment that is subject to an Environmental Compliance Approval, and from which there is no proposed increase in the discharge of any contaminant that was previously reviewed by the Director.	N/A

5.1.2 Emission Summary and Dispersion Modelling (ESDM) Report 

Is the review of an existing, approved ESDM required as part of this proposed application? Yes No

If yes, identify the number of emission sources described in the existing ESDM Report that emit contaminants in common with the sources forming the subject of the application (if none, enter zero).

Have all of these emission sources been described in an ESDM Report that was previously reviewed as part of an application for an existing Environmental Compliance Approval? Yes No

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5.1.3 O. Reg. 419/05 Requirements ?

Which of the following sections of O. Reg. 419/05 applies to the facility?

- s.19 (Schedule 2) s.20 (Schedule 3) Does not apply. Please indicate reason:

Has an instrument under O. Reg. 419/05 been issued? Yes No

If yes, what type(s) of instruments (including any notices, orders or approvals) has (have) been issued? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> ss. 4(2) Adjacent Properties | <input type="checkbox"/> ss. 20(4) Speed-up Request |
| <input type="checkbox"/> ss. 7(1) Specified Dispersion Models | <input type="checkbox"/> ss. 20(5) Speed-up Order |
| <input type="checkbox"/> ss. 8(2) Negligible Sources | <input type="checkbox"/> s. 35 Site-specific Standard |
| <input type="checkbox"/> ss. 10(2) Operating Conditions | <input type="checkbox"/> ss. 35(14) Site-specific Standard Order |
| <input type="checkbox"/> ss. 11(2) Refined Emission Rates | <input type="checkbox"/> ss. 39(3) Technical Standard Registration (Industry Standard) |
| <input type="checkbox"/> ss. 13.1 Value of Dispersion Modeling Parameters | <input type="checkbox"/> ss. 39(4) Technical Standard Registration (Equipment Standard) |
| <input type="checkbox"/> ss. 13(1) Meteorological Data | |
| <input type="checkbox"/> ss. 14(6) Area of Modelling Coverage | |
| <input type="checkbox"/> Other (list all that have been issued): | |

Is an instrument under O. Reg. 419/05 being requested as part of this application? Yes No

If yes, what type(s) of notice, order or approval is (are) being requested?

- | | |
|---|---|
| <input type="checkbox"/> ss. 7(1) Specified Dispersion Models | <input type="checkbox"/> ss. 14(6) Area of Modelling Coverage |
| <input type="checkbox"/> ss. 8(2) Negligible Sources | <input type="checkbox"/> ss. 20(4) Speed-up Request |
| <input type="checkbox"/> ss. 10(2) Operating Conditions | <input type="checkbox"/> s. 32 Request for a Site-specific Standard Order |
| <input type="checkbox"/> ss. 11(2) Refined Emission Rates | <input type="checkbox"/> ss. 39(1)(a) Application for Technical Standard Registration (Industry Standard) |
| <input type="checkbox"/> ss. 13(1) Meteorological Data | <input type="checkbox"/> ss. 39(1)(b) Application for Technical Standard Registration (Equipment Standard). |
| <input type="checkbox"/> Other (list all that have been requested): | |

Please attach the form(s) requesting the notice(s) and/or order(s) and any additional supporting information.

Has an s.30 Upper Risk Threshold (Schedule 6) been exceeded? If yes, please include additional supporting information. Yes No

Is the facility located in a multi-tenant building? If yes, additional information may be requested. Yes No

Are all of the contaminants to which the application relates represented in the Ministry of the Environment publication titled "Summary of Standards and Guidelines to support Ontario Regulation 419: Air Pollution – Local Air Quality" or have they been screened out based on the publication titled "Jurisdictional Screening Level (JSL) List, A Screening Tool for Ontario Regulation 419: Air Pollution – Local Air Quality"? (If no, please attach Supporting Information for a Maximum Ground Level Concentration Acceptability Request for Compounds with no Ministry POI Limit – Supplement to Application for Approval, EPA S.9 (PIBS 4872)). Yes No

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5.2 Noise N/A IF YOUR APPLICATION DOES NOT HAVE NOISE EMISSIONS, PLEASE PROCEED TO SECTION 5.3.

5.2.1 Noise Assessment

Have you completed an Acoustic Assessment Report (AAR) or Abbreviated Acoustic Assessment Report (A-AAR)? Yes No

If yes, please indicate the report you have completed:

AAR Please attach the Acoustic Assessment Report.

Does the AAR show that applicable limits are met? Yes No

If no, please attach the Acoustic Assessment Report including the Noise Abatement Action Plan.

A-AAR Please attach the Abbreviated Acoustic Assessment Report.

Does the A-AAR show that applicable limits are met? Yes No

Note that certain conditions must be met before using the A-AAR and that the A-AAR must show that the applicable limits are met otherwise an AAR may be required.

If no, is the application eligible for Primary or Secondary Noise Screening? Yes No

Note that if you are not eligible for either of the screenings, you must submit either an AAR or A-AAR.

If yes, is your proposed activity described with one of the NAICS codes that are eligible for the Primary Noise Screening? Yes No

If yes, is the actual separation distance between the facility and the noise sensitive point of reception (POR) greater than the minimum required separation distance calculated from the Primary Noise Screening? Yes No

If yes, please attach the Primary Noise Screening form and supporting documentation.

Note that if the Primary Noise Screening is not successful then you may attempt to proceed with the secondary noise screening.

If no, does the Secondary Noise Screening report show that the applicable sound level limits are met? Yes No

If yes, please attach the Secondary Noise Screening Report and supporting documentation.

Note that if you cannot demonstrate that the applicable sound level limits are met then you must submit either an AAR or A-AAR.

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5.2.2 Equipment Subject to Noise Review ?

(√)	Description	Number of Pieces of Equipment
<input type="checkbox"/>	Arc Furnaces	
<input type="checkbox"/>	Asphalt Plants	
<input type="checkbox"/>	Blow-down Devices	
<input type="checkbox"/>	Co-generation Facilities	
<input type="checkbox"/>	Crushing Operations	
<input type="checkbox"/>	Flares	
<input type="checkbox"/>	Gas Turbines	
<input type="checkbox"/>	Pressure Blowers or Large Induced Draft Fans (flow rate > 47m ³ /second or static pressure > 1.25 kilopascals)	
<input type="checkbox"/>	Any other equipment not listed above that has not previously been reviewed by the Director in connection with an application for an Environmental Compliance Approval with respect to the facility	
<input type="checkbox"/>	Any other equipment not listed above that is identical to equipment for which a noise assessment was previously reviewed by the Director in connection with an application for an Environmental Compliance Approval with respect to the facility	

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5.3 Sewage Works N/A ? IF YOUR APPLICATION DOES NOT CONTAIN SEWAGE WORKS PLEASE PROCEED TO SECTION 5.4

5.3.1 Facility Type – Sewage Works ?

Select the type of facility that is the subject of the application (select all that apply).

Sewage Treatment Plant (STP)

Further information:

- | | |
|--|---|
| <input type="checkbox"/> Primary | <input type="checkbox"/> On-site system |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Lagoons (check all that apply below) |
| <input type="checkbox"/> Tertiary | <input type="checkbox"/> Septage |
| <input type="checkbox"/> Receives septage | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Constructed/Engineered Wetlands | <input type="checkbox"/> Other (specify): |

Municipal or private facility

Category: New 1 2 3 4

Facility for the treatment of leachate

Category: New 1 2 3 4

Facility for the treatment of industrial process wastewater

Category: New 1 2 3 4

Facility for the disposal of non-contact cooling water

Subsurface disposal

Please indicate the maximum design capacity of the municipal or private sewage treatment plant:

≤ 4,550 m³/day > 4,550 m³/day

Please indicate the design capacity of the subsurface disposal:

≤ 15 m³/day > 15 m³/day and < 50 m³/day > 50 m³/day

Stormwater Management Facility

Category: New 1 2 3 4

Wet Pond Dry Pond Other (specify):

For the following, you must complete and attach the relevant sections of the pipe data form:

- | | |
|--|--|
| <input type="checkbox"/> Storm Sewers | <input type="checkbox"/> Ditches |
| <input type="checkbox"/> Combined Sewers | <input type="checkbox"/> Force mains |
| <input type="checkbox"/> Sanitary Sewers | <input type="checkbox"/> Pumping Station |

Is a Hydrogeological Assessment required? Yes No (If yes, please attach the hydrogeological assessment.)

Is a review of effluent criteria assessment for stormwater management, cooling water or soil remediation facilities required? Yes No
(If yes, please attach the final effluent criteria accepted by the Regional Office of the Ministry.)

Is a review of effluent criteria assessment for municipal or private sewage, industrial process wastewater or leachate treatment plant required? Yes No
(If yes, please attach the final effluent criteria accepted by the Regional Office of the Ministry.)

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5.3.2 Servicing ?

The works will provide sewage servicing for (select all that apply):

- Residential Subdivision **Is there a Municipal Responsibility Agreement in place?** Yes No N/A
 Condominium If yes, please attach a copy of the Municipal Responsibility Agreement.
 Institutional
 Other (specify): _____

- Commercial Hotel, Motel, Inn Campground, Park Rental Cabins
 Resort Shopping Malls Other (specify): _____
 Restaurant Highway Service Station/Gas Bars

Industrial Describe: _____

5.3.3 Sewage Servicing for Waste Disposal/Landfill Sites ?

Does/Will the sewage treatment facility receive waste disposal/landfill site leachate? Yes No If yes, please identify the site(s) below.

Name of Site Contributing Leachate	Environmental Compliance Approval Number	Volume of leachate (m ³)
1.		
2.		
3.		
4.		
5.		

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5.4 Waste Disposal Site N/A ? IF YOUR APPLICATION IS NOT FOR A WASTE DISPOSAL OR PROCESSING SITE PLEASE PROCEED TO SECTION 5.5

5.4.1 Facility Description – Waste Disposal Site (information on the nature of the proposed business or activity at this site) ?

Service Area	Total Area of Site (hectares)
For Burial of Marineland Park Animals Only	0.50

Monitoring (select all that apply)

Groundwater
 Surface Water
 Landfill Gas
 Leachate
 None
 Other (specify):

Type(s) of waste to be accepted at this site (select all that apply)

Subject:	Non-subject:
<input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Liquid Industrial Waste	<input checked="" type="checkbox"/> Municipal (non-hazardous) <input type="checkbox"/> Other Liquid Waste

Municipal waste categories to be accepted at this site (select all that apply)

All Categories
 Domestic Sources
 IC&I Sources
 Source Separated Organics
 Tires
 Leaf & Yard Waste
 Contaminated Soil
 Wood Waste
 Blue Box Materials
 Other (specify): Not municipal (burial of Park Animals only)

Other liquid waste categories to be accepted at this site (select all that apply)

Processed Organics
 Waste from Food Processing/Preparation Operations
 Hauled Sewage
 Other (specify):

Hazardous Waste / Liquid Industrial Waste								
Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code


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5.4.2 Waste Transfer/Processing/Composting – Complete this information if waste transfer and/or processing and/or composting take(s) place at this facility N/A 

Waste Types to be Transferred or Processed	Design Capacity
<input type="checkbox"/> Hazardous waste or liquid industrial waste	<input type="radio"/> ≤ 100 tonnes per day <input type="radio"/> > 100 tonnes per day
<input type="checkbox"/> Waste other than hazardous waste and liquid industrial waste	<input type="radio"/> ≤ 100 tonnes per day <input type="radio"/> > 100 tonnes per day

Change to Operations 		
<input type="radio"/> No Change Proposed	<input type="radio"/> Change does not require fundamental design review	<input type="radio"/> Change requires fundamental design review

Liquid Waste									
Maximum Storage Capacity (m³)			Maximum Residual for Final Disposal (m³)						
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous		Other Liquid Waste				
			Daily	Annually	Daily	Annually	Daily	Annually	

Solid Waste					
Maximum Storage Capacity (tonnes)		Maximum Residual for Final Disposal (tonnes)			
Hazardous	Non-hazardous	Hazardous		Non-hazardous	
		Daily	Annually	Daily	Annually

Maximum Amount of Waste to be Received Daily				
Liquid (m³)			Solid (tonnes)	
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous	Non-hazardous
			Daily	Annually

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5.4.3 Thermal Treatment Facility – Complete this information if thermal treatment takes place at this facility N/A

Waste Type for Thermal Treatment	Design Capacity
<input type="checkbox"/> Hazardous waste or liquid industrial waste	<input type="radio"/> ≤ 100 tonnes per day <input type="radio"/> > 100 tonnes per day
<input type="checkbox"/> Waste other than hazardous waste and liquid industrial waste	<input type="radio"/> ≤ 100 tonnes per day <input type="radio"/> > 100 tonnes per day

Change to Operations 		
<input type="radio"/> No Change Proposed	<input type="radio"/> Change does not require fundamental design review	<input type="radio"/> Change requires fundamental design review

Liquid Waste								
Maximum Storage Capacity (m³)			Maximum Residual for Final Disposal (m³)					
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous		Liquid Industrial		Other Liquid Waste	
			Daily	Annually	Daily	Annually	Daily	Annually

Solid Waste					
Maximum Storage Capacity (tonnes)		Maximum Residual for Final Disposal (tonnes)			
Hazardous	Non-hazardous	Hazardous		Non-hazardous	
		Daily	Annually	Daily	Annually

Maximum Amount of Waste to be Received Daily					
Liquid (m³)			Solid (tonnes)		
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous	Non-hazardous	

Maximum Daily Feed Rate (tonnes/m³)			
Hazardous Waste (tonnes)	Non-hazardous Waste (tonnes)	Liquid Industrial Waste (m³)	Other Liquid Waste (m³)

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5.4.4 Landfill Site – Complete this information if this facility operates as a landfill site N/A ?

Waste Types to be accepted at the Landfill	Design Capacity		
<input type="checkbox"/> Hazardous waste or liquid industrial waste	<input type="radio"/> ≤ 40,000 m ³	<input type="radio"/> > 40,000 m ³ ≤ 3 million m ³	<input type="radio"/> > 3 million m ³
<input type="checkbox"/> Waste is only uncontaminated tree stumps, leaves, branches, concrete and rocks	<input type="radio"/> ≤ 40,000 m ³	<input type="radio"/> > 40,000 m ³ ≤ 3 million m ³	<input type="radio"/> > 3 million m ³
<input checked="" type="checkbox"/> Waste other than hazardous waste and liquid industrial waste, other than uncontaminated tree stumps, leaves, branches, concrete and rocks.	<input checked="" type="radio"/> ≤ 40,000 m ³	<input checked="" type="radio"/> > 40,000 m ³ ≤ 3 million m ³	<input checked="" type="radio"/> > 3 million m ³

Change to Operations ?		
<input checked="" type="radio"/> No Change Proposed	<input type="radio"/> Change does not require fundamental design review or hydrogeological assessment	<input type="radio"/> Change requires fundamental design review or hydrogeological assessment

Maximum Landfilling Capacity (m ³)			
Hazardous Waste	Non-hazardous Waste	Liquid Industrial Waste	Other Liquid Waste
	1000.00		0.00

Maximum Amount of Waste to be Received							
Hazardous Waste (tonnes)		Non-hazardous Waste (tonnes)		Liquid Industrial Waste (m ³)		Other Liquid Waste (m ³)	
Daily	Annually	Daily	Annually	Daily	Annually	Daily	Annually
		20.00	40.00			0.00	0.00

Landfill Information ?				
Area to be Landfilled (hectares)	Total Site Area including Buffer Area (hectares)	Estimated Date of Closure (yyyy/mm/dd)	Population Served	Control Types (select all that apply)
0.50	270.00	2040/12/31		<input type="checkbox"/> Leachate Collected and Treated Off-site <input type="checkbox"/> Leachate Collected and Treated On-site <input type="checkbox"/> Landfill Gas Collected and Flared <input type="checkbox"/> Landfill Gas Collected for Energy Generation <input checked="" type="checkbox"/> Other (describe): Monitoring only

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5.5 Waste Management Systems (Except Mobile Waste Processing) N/A

IF YOUR APPLICATION IS NOT FOR A WASTE MANAGEMENT SYSTEM PLEASE PROCEED TO SECTION 5.7.

5.5.1 Fleet List (all vehicles and equipment to be used in the operation of the Waste Management System)

Separate list attached? Yes No

Year	Make	Model	Vehicle Identification Number (VIN)	Licence Plate Number	Province/State

5.5.2 Vehicle Information

Are all the vehicles to be used owned by the applicant? Yes No

If no, please include additional information about ownership arrangements for each vehicle not owned by the applicant.

Has a minimum of \$1,000,000.00 liability insurance been obtained for all vehicles for which it is required? Yes No

Describe any additional insurances that are held (for example, environmental impairment liability insurance).

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5.5.3 General Waste Management System N/A

Type(s) of Waste to be Transported by the General Waste Management System (select all that apply)

Subject:

- Hazardous Waste
- Liquid Industrial Waste

Non-subject:

- Municipal (non-hazardous)
- Other Liquid Waste

Non-subject Categories to be Transported by the General Waste Management System (select all that apply)

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Blue Box Materials | <input type="checkbox"/> Domestic Sources | <input type="checkbox"/> Commercial | <input type="checkbox"/> Non-Hazardous Solid Industrial | <input type="checkbox"/> Asbestos Waste in Bulk |
| <input type="checkbox"/> Dewatered Catch Basin Clean-out Material | <input type="checkbox"/> Leaf/Yard Waste | <input type="checkbox"/> Wood Waste | <input type="checkbox"/> Spill Cleanup Material | <input type="checkbox"/> Contaminated Soil |
| <input type="checkbox"/> Waste from Food Processing/Preparation Operations | <input type="checkbox"/> Tires | <input type="checkbox"/> Waste Wash Water | <input type="checkbox"/> Processed Organics (not for land application) | <input type="checkbox"/> Grease Trap Waste |
| | | <input type="checkbox"/> Others (specify): | | |

Subject Waste Categories to be Transported by the General Waste Management System Separate list attached? Yes No

Hazardous Waste / Liquid Industrial Waste								
Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code

- All drivers are/will be trained in accordance with O. Reg. 347 and all pertinent environmental legislation.
- Each vehicle used to transport a specific subject waste class is suitable for that waste transportation in order to protect the health and safety of the public and the natural environment.

Note: For transporters of pathological waste and PCBs (waste classes 243 and 312) Operations Manual and Driver Training Manual must also be attached and Financial Assurance must be provided.

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General Waste Management System – Disposal Site Information

What is the Final Destination of Waste to be Transported by the General Waste Management System? (select all that apply)

- A disposal site in Ontario approved by the Ministry of the Environment
- Disposal sites outside of Ontario approved by another regulatory agency

List the destination province(s)/state(s):

5.5.4 Soil Conditioner Waste Management System N/A

(includes non-agricultural source material (NASM) that is waste and processed organic waste (biosolids) destined for land application only)

Has the applicant received recommendation from Biosolids Utilization Committee (BUC) for land application of processed organic waste (biosolids) or NASM?

- Yes If yes, please provide a copy of the BUC recommendation.
- No If no, please clarify:

Spreading equipment (land application only)

Separate list attached? Yes No

Equipment Type	Make & Model	Description

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Method of system operation (land application only) ?

Estimated quantity to be handled on an annual basis (cubic metres/litres/tonnes):

Please describe the loading procedures:

Please describe the spreading methods:

Please describe the storage facilities (tanks, lagoons, etc.):

Soil Conditioner Waste Management System – Land Application Sites

What is the final destination of waste to be transported by the soil conditioner waste management system? (must include for land application only)

- Non-agricultural land Agricultural land Both agricultural and non-agricultural land

5.5.5 Hauled Sewage (Septage) Waste Management System N/A ?

Type(s) of hauled sewage (septage) to be transported

- Portable toilet waste Septic tank waste Holding tank waste Other (specify):

Spreading Equipment (land application only)

Separate list attached? Yes No

Equipment Type	Make & Model	Description

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Does this system include in-transit storage? Yes No ?

If yes:

a) What is the duration of storage? Please specify (Maximum period of in-transit storage should not exceed more than two weeks):

b) Is the storage tank a prefabricated tank with the capacity < 100,000 L, designed and constructed in accordance with a Class 5 Sewage System under the Ontario Building Code or CAN/CSA B66-05?

Yes No If no, please provide a copy of the design of the storage tank signed and dated by a professional engineer.

Does this system include in-transit processing? Yes No ?

If yes:

a) Location of in-transit processing:

In Vehicle In-storage Tank

b) Describe the method of in-transit processing:

Does this system use barge/boat to transport hauled sewage (septage)? Yes No ?

If yes,

a) Has a minimum of \$1,000,000.00 liability insurance been obtained for the barge/boat for which it is required?

Yes No

b) Does the barge/boat have an engine of 10 horsepower (hp) or more, for which a commercial vessel licence is required from Transport Canada?

Yes No If yes, please include a copy of the commercial vessel licence.

Note: For in-transit storage or processing the applicant must include with the application the consent of the landowner, if the landowner is different than the applicant. A financial assurance estimate must be provided by applicants using in-transit storage or using in-transit processing where processing is conducted in the in-transit storage tanks.

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Hauled Sewage (Septage) Waste Management System – Land Application Sites N/A

List the Environmental Compliance Approval Number(s) of all disposal site(s) approved by the Ministry of the Environment for land application of hauled sewage in association with this waste management system.

Instrument Type	Instrument Number	Approval or Application Date (yyyy/mm/dd)

Instrument Type	Instrument Number	Approval or Application Date (yyyy/mm/dd)

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5.6 Waste Management System – Mobile Waste Processing N/A ?

5.6.1 Mobile Waste Management System Process and Equipment Description ?

Type(s) of Waste to be Processed (select all that apply)

Subject:

- Hazardous Waste
- Liquid Industrial Waste

Non-subject:

- Municipal (non-hazardous)
- Other Liquid Waste

Number of Units	Type of Waste to be Processed by the Unit(s)	Financial Assurance (per unit)	Financial Assurance Required
	Non-hazardous Solid Waste	\$5,000	
	Hazardous Waste	\$20,000	
	Liquid Industrial Waste	\$20,000	
	Other Liquid Waste	\$20,000	
	Multiple Types of Waste from the Categories Above	\$20,000	
Total Financial Assurance			\$0

Municipal (non-hazardous) Waste Categories to be Processed (select all that apply)

- Contaminated Soil at Cleanup Site
- Wood Waste
- Construction & Demolition Waste
- Asbestos Waste
- Tires
- Domestic Waste
- Other (specify):

Other Liquid Waste Categories to be Processed (select all that apply)

- Hauled Sewage
- Waste from Food Processing/Preparation Operations
- Processed Organic
- Other (specify):

Hazardous/Liquid Industrial Waste Types to be Processed							
Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code

5 Facility Information

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5.6.2 Equipment Information – Please attach a separate list if more space is required.

Separate list attached? Yes No

Unit No.	Unit Type	Process Description	Equipment List				
			Equipment Type	Make	Model	Serial Number	Equipment Capacity (including unit of measurement)
Unit 1							
Unit 2							
Unit 3							
Unit 4							

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5.7 Cleanup of Contaminated Sites N/A

IF YOUR APPLICATION IS NOT FOR A CLEANUP OF A CONTAMINATED SITE PLEASE PROCEED TO SECTION 6.

Type of cleanup:

- In-situ
- Ex-situ
- Both

Contaminated media to be treated:

- Groundwater
- Surface water
- Sediment
- Soil

Waste Type:

Subject:

- Hazardous Waste
- Liquid Industrial Waste

Non-subject:

- Municipal (non-hazardous)
- Other Liquid Waste

Type of discharge:

- Air
- Groundwater
- Storm or sanitary
- Surface water
- Noise

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6.1 General — THIS IS A LIST OF SUPPORTING INFORMATION TO THIS APPLICATION AND IS SUBJECT TO THE FIPPA AND EBR. ?

Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)
<input checked="" type="checkbox"/> Proof of legal name	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Enhanced EBR description	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Provincial Officer Notice	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Inspection Report	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Detailed project and process description	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Pre-application Consultation Record	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Legal Survey(s)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Site Plan(s)	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Scaled area location plan(s) with geo-referencing points identified	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Documentation in support of EBR Exception	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Proof of Compliance with EAA Requirements	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Proof of Consultation/Notification	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Financial Assurance Estimate	<input type="radio"/> Yes <input checked="" type="radio"/> No	To be determined	<input type="checkbox"/>
Name, address and consent of land/site owner for the installation and operation of the proposed activity or storage location of equipment or vehicle	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Name, address and phone number of the Operating Authority	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy of NEPDA Permit	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy/Proof of Municipal Planning Approval (ORMCA, general)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Municipal Zoning Confirmation Letter	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Zoning map	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Conservation Authority Clearance	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Director's approval for Policy 2 Deviation	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Application Fee	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

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Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)
<input checked="" type="checkbox"/> A copy of this application has been sent to the Ministry Local District Office	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Explanation for confidentiality	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

6.2 Air N/A

Emission Summary and Dispersion Modelling (ESDM) Report prepared in accordance with s.22 and of O. Reg. 419/05 (including signed checklist – PIBS 5357e)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Electronic copy of the Dispersion Modelling input and output files prepared in accordance with s.26 of O. Reg. 419/05	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Supporting Information for a Maximum Ground Level Concentration Acceptability Request for Compounds with no Ministry POI Limit – Supplement to Application for Approval, EPA S.9 (PIBS 4872)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copies of forms requesting O. Reg. 419/05 instruments and supporting documentation	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

6.3 Noise and Vibration N/A

Primary Noise Screening	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Secondary Noise Screening	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Abbreviated Acoustic Assessment Report including signed checklist (A-AAR)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Acoustic Assessment Report including signed checklist (AAR) (PIBS 5356e)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Vibration Assessment report	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

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Noise Abatement Action Plan	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input style="border: 1px solid green;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

6.4 Sewage N/A

Signed Municipal Responsibility Agreement	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Detailed description of the proposed activities/works	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Notice of Completion for the Environmental Study Report (ESR)	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/>
Design Brief	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Preliminary Engineering Report	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/>
Final Plans	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Engineering Drawings and Specifications	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Sewage quantity and quality characteristics	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Stormwater Management Report	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Stormwater Management Plan	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Hydrogeological Assessment	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Environmental Impact Analysis	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="checkbox"/>
Final effluent criteria accepted by regional office of the Ministry	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Sewage Works Limited Operational Flexibility Requirements			
1. Engineer's Report	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
2. Declarations	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Pipe Design Data Form	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input style="border: 1px solid green;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

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Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (✓)
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<input checked="" type="checkbox"/> 6.5 Waste Disposal Sites <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Design and Operations Report	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Stormwater Management Report	<input type="radio"/> Yes <input checked="" type="radio"/> No	Not required	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hydrogeological Assessment	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Assessment of Physical and Water Use Conditions	<input type="radio"/> Yes <input checked="" type="radio"/> No	Not required	<input type="checkbox"/>
Waste Limited Operational Flexibility Requirements			
1. Engineer's Report	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
2. Declarations	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Copy of notification to adjacent landowners	<input type="radio"/> Yes <input checked="" type="radio"/> No	To be determined	<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

<input checked="" type="checkbox"/> 6.6 Waste Management Systems <input type="checkbox"/> N/A			
Proof of vehicle and/or equipment ownerships	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Complete Fleet List (list of all vehicles, trailers and equipment used)	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy of the Liability Insurance for all vehicles for which insurance is required	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy of BUC recommendation	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy of the storage tank design	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Copy of commercial vehicle licence	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Description of the physical location where the vehicles transporting biomedical waste are being disinfected	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Drivers Training Manual (for PCB/Biomedical Waste)	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> A copy of the applicant's Operation Plan including detailed packaging and biomedical waste handling methods	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
<input checked="" type="checkbox"/> Contingency and Emergency Procedures Plan (for PCB/Biomedical Waste/Hauled Sewage (Septage))	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

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Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (✓)
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6.7 Mobile Waste Processing N/A

Design and Operations Report – Mobile Waste Processing of General Waste	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Design and Operations Report – Mobile Waste Processing of Liquid Waste	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

6.8 Cleanup of Contaminated Sites N/A

Design Report for Cleanup of Contaminated Sites	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>
Other (please describe): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/>

6.9 Other Attachments N/A

Title	Reference	Confidential* (✓)
Supporting Documentation for ECA Application	Stantec Consulting June 2013	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Are you attaching an additional list of attachments? <input type="radio"/> Yes <input checked="" type="radio"/> No	If there is not enough space to list all of the attachments included in this application package, please include an additional listing of these attachments.	

*Please note: The collection of personal information in this application is necessary to administer the Ministry's approvals program, which is authorized pursuant to the Environmental Protection Act and the Ontario Water Resources Act. The personal information collected in this application will be used to administer the program, including for the purposes of the Ministry's compliance and enforcement activities under the aforementioned acts, and for the purposes of making information in respect of Environmental Compliance Approvals available to the public with the exception of payment information. Questions about the collection of the information can be directed to a Client Service Representative, Environmental Approvals Access and Service Integration Branch, 2 St. Clair Avenue West, Floor 12A, Toronto Ontario M4V 1L5; Telephone outside Toronto 1-800-461-6290 or in Toronto 416-314-8001 or Fax 416-314-8452.

This page has been intentionally left blank, please proceed to page 45 for Payment Information.

7 Payment Information

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➔ Payment Information: Application for an Environmental Compliance Approval ?

Please Note:

1. If you are completing this form by hand, you must complete and attach your fee calculations separately. You do not need to include the supplemental fee calculations if you are filling in this form electronically.
2. If you are completing this form electronically, the fees for this application have been calculated based on the information you have provided. The Ministry may require additional information during the review of your application that could impact the total fee required.
3. All fees should be paid in Canadian funds, payable to the *Minister of Finance*, except fees for *Transfer of Review*, which are payable to the local municipality.
4. Credit card payments are accepted for payments under \$10,000 only.
5. If you are paying by certified cheque or money order, please staple your payment to this page.
6. The information collected in this section of the form is considered confidential and will only be used to process your application fee.

Do not include this page in the copies of your application that are being provided to the Local Ministry District Office.

Amount Enclosed	Method of Payment		
\$ <input type="text"/>	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	
	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express

Credit Card Information (if paying by VISA, MasterCard or American Express)

Name on Card (please print)

Credit Card Number

Expiry Date (mm/yyyy)

Cardholder Signature

Date (yyyy/mm/dd)

*If paying by certified cheque or money order,
please attach it here.*

ontario.ca/environment

PIBS: 8551e (10/2011)

