# 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:

- 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: <u>www.ene.gov.on.ca/environment/en/</u> 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.

**Clear Form** 

- 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: <u>www.ene.gov.on.ca/environment/en/about/</u> 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

#### MINISTRY OF ENVIRONMENT

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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.

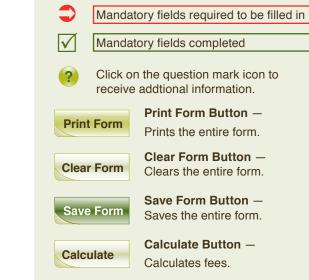
The form will also calculate certain values based on the information you enter and will assist you in ensuring that all required information is included with your application. You can save a copy of this form that includes any information you have entered.

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.

Clear Form



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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

	Application Summary	Contents I General Information and Ins 4 Site Information I 5 Facility Informatio				ory Requirements
				Print Form	Clear Form	Save Form
			For Off	ice Use Only		
		Reference Number	Payment Received \$	Date (yyyy/mm/dd)	Initials	
	Application Sum	mary		I		
•	Applicant Name 🤗					
	Project Name (?					
•	<b>Project Description</b>	Executive Summary (?				

#### Application Summary

Contents I General Information and Instructions I **Application Summary** | 1 Applicant Information | 2 Project Information | 3 Regulatory Requirements 4 Site Information | 5 Facility Information | 6 Supporting Documentation and Technical Requirements | 7 Payment Information



#### **Application Status**

Section 7: Payment Information

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.

#### Applicant Information

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		Print Form	Clear Form Save Form
1.1 Applican	t Information (?)		
Applicant Name (legal	name of individual or organization as evidenced by legal documents)	Business Number	
Business Name 🗌 s	same as Applicant Name	Business Website Address:	
Applicant Type:		Primary North American Industry Classific	cation System (NAICS) Code ?
<ul> <li>Corporation</li> </ul>	○ Federal Government		
Individual	O Municipal Government	Other NAICS codes (select all that apply)	Separate list attached? $\bigcirc$ Yes $\bigcirc$ No
<ul> <li>Partnership</li> </ul>	O Provincial Government		
○ Sole Proprietor	O Other (describe):		
Business Activity Des	cription		

# 1.2 Applicant Physical Address (?)

Civic Address – Street Information (includes street number, name, type and direction)						te or unit number)	
Survey Address							
Lot	Concession			Part		Reference Plan	
Municipality/Unorganized Township	or Territory Upp	er Tier/District	Province/State		Country		Postal Code/ZIP Code
Telephone Number (include area cod	e & ext.)	Fax Number (includ	e area code) Mo	bile Number (include	area code)	E-mail Ac	ldress
	ext.						

			Geo Reference (required)	?		
Description of location	Map Datum	Zone	Accuracy Estimate	Geo-Referencing Method	UTM Easting	UTM Northing
Southwest corner of property						
Physical location of front door or main entrance						

Applicant Information		tions I Application Summary I <b>1 Applicant Inf</b> 6 Supporting Documentation and Technical Re	equirements I 7 Payment Infor	
🗅 1.3 Applicant Mai	ling Address (?			
Same as Applicant Physical	Address? 🔿 Yes 🔿 No			
Civic Address – Street Inforn	nation (civic numbering and street information inclu	udes street number, name, type and direction)	Unit Identifier (suite o	r unit number)
Delivery Designator	Delivery Identifier	Postal Station		
Municipality/Unorganized To	wnship or Territory Province/State	Country	Postal Code	e/ZIP Code

#### 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	
Telephone Number (include area code & ext.)			Fax Number (include area code)		Mobile Number (include area code)
	ext.				
E-mail Address		Signature			Date (yyyy/mm/dd)

### 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)

		Projec Inform					-		icant Information I <b>2 Project Information</b> chnical Requirements I 7 Payment Informa <b>Print Form</b>	ation	uirements Save Form
•	2.1	Reas	son for Application 🛛 🤗								
	⊖ Nev	w ECA	$\bigcirc$ /	Amendment to existir	ng ECA				O Revocation of existing ECA		
	⊖ Adn	ninistrat	ive amendment to existing ECA	Application for renew	al of limited of	operat	ional fle	xibility	O Consolidation of existing ECAs		
•	Are you	ı adding	a new project type to your site or a new	v municipal waste ca	tegory/class	code	to your v	waste m	anagement systems or a new sewage fa	cility type? 🔿 Yes	s 🔿 No
	Is this fo	or <i>Trans</i>	sfer of Review? 🔿 Yes 🔿 No								
	~ ~		. –								
$\bigcirc$	2.2	Proj	ect Type (select all that apply)								
	Yes	N/A		Limited Operational Flexibility?	Pilot Project?		Yes	N/A		Limited Operational Flexibility?	Pilot Project?
	0	0	Air – Stationary				0	0	Sewage – Industrial		
	0	0	Air – Mobile				0	0	Sewage – Municipal		
	0	0	Noise				0	0	Sewage – Private		
						1					

0	0	Air – Mobile		
0	0	Noise		
0	0	Vibration		
0	0	Waste Disposal Site – Landfill site	N/A	
0	0	Waste Disposal Site – Transfer site		
0	0	Waste Disposal Site – Processing site		
0	0	Waste Disposal Site – Composting site	N/A	
0	0	Waste Disposal Site – Thermal Treatment site	N/A	

Yes	N/A		Climited Operational Flexibility?	Pilot Project?
0	0	Sewage – Industrial		
0	0	Sewage – Municipal		
0	0	Sewage – Private		
0	0	Waste Management System – General Waste Management System	N/A	
0	0	Waste Management System – Hauled Sewage (Septage)	N/A	
0	0	Waste Management System – Soil Conditioner for transport to a site for Application on Land	N/A	
0	0	Waste Management System – Mobile Waste Processing	N/A	
0	0	Cleanup of contaminated sites – Mobile	N/A	
0	0	Cleanup of contaminated sites – Site- specific	N/A	

	Project Information		Information and Instructions I Applic 5 Facility Information I 6 Supporting			nnical Requirements I 7 Payr	nent Inf	ormation	
						Print Form	CIE	ear Form	Save Form
💙 2.	3 Approval Info	ormation 🤗							
Ар	plication initiated by:								
С	Applicant	O S. 20.18 Order (attach copy)	rovincial Officer O Inspection Report O rder (attach copy) (attach copy)			Other (specify):			
	rrent Environmental Co		hat may be changed or amended	l by thi	s application: [	] N/A			
	Environmental Compliance Approval Number		Date of Issuance (yyyy/mm/dd)		Environmenta	ronmental Compliance Approval Number		Date of Issuance (yyyy/mm/dd)	
				_    -					

#### Proposed Environmental Compliance Approvals related to this project:

Separate list attached? O Yes O No

Project type	Ministry Reference Number (if applicable)	Have submitted	Have not submitted
		0	0
		0	0
		0	0
		0	0

### 2.4 Other Approval/Permits for Facility N/A

#### Separate list attached? O Yes O 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)

2	Project Information							
				Print For	Clear Form	Save Form		
2.5	Technical Cont	acts ?						
Tech	nnical Contact 1							
Area	of Responsibility (check a	ll that apply) 🛛 🗌 A	Air Dise/Vibration Disewage	Waste				
Name	of Technical Contact			Company				
Telepł	none Number (include are		Mobile Number (include area code)	Fax Number (include area code)	E-mail Address			
		ext.						
Addre	ess Information: 🛛 🤫							
Same	as Applicant Mailing Add	dress? 🔿 Yes	$\bigcirc$ No (If no, please provide technical con	tact address information below.)				
Civic /	Address – Street Informa	ttion (includes street r	number, name, type and direction)		Unit Identifier (suite or unit number)			
Delive	ery Designator	Deliv	very Identifier	Postal Station				
Munic	ipality/Unorganized Tow	nship or Territory	Province/State	Country	Postal Code/ZIP Code			

- 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)

	Project Information		Information and Instructions I Application 5 Facility Information I 6 Supporting Do		n I <b>2 Project Information</b> I 3 Regulatory nents I 7 Payment Information	Requirements
				Print Fo	Clear Form	Save Form
>	Technical Contact 2	?				
	Area of Responsibility (check al	ll that apply)	r 🗌 Noise/Vibration 🗌 Sewage	U Waste		
	Name of Technical Contact			Company		
	Telephone Number (include area	a code & ext.) Mobile	e Number (include area code)	Fax Number (include area code)	E-mail Address	
	e	ext.				
	Address Information: ?					
	Same as Applicant Mailing Add	dress? 🔿 Yes	○ No (If no, please provide technical con	tact address information below.)		
	Civic Address – Street Informa	tion (includes street nu	umber, name, type and direction)		Unit Identifier (suite or unit number)	
	Delivery Designator	Delive	ery Identifier	Postal Station		
	Municipality/Unorganized Towr	nship or Territory	Province/State	Country	Postal Code/ZIP Code	

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

Signature	Date (yyyy/mm/dd)

	Project Information		Information and Instructions I Applicatic 5 Facility Information I 6 Supporting Do		n I <b>2 Project Information</b> I 3 Regulatory nents I 7 Payment Information	Requirements
				Print Fo	Clear Form	Save Form
> -	Technical Contact 3	?				
/	Area of Responsibility (check al	ll that apply)	r 🗌 Noise/Vibration 🗌 Sewage	U Waste		
1	Name of Technical Contact			Company		
	Telephone Number (include area	a code & ext.) Mobil	e Number (include area code)	Fax Number (include area code)	E-mail Address	
	e	ext.				
	Address Information: 🛛 🤗					
9	Same as Applicant Mailing Add	dress? 🔿 Yes	No (If no, please provide technical con	tact address information below.)		
(	Civic Address – Street Informa	ttion (includes street nu	umber, name, type and direction)		Unit Identifier (suite or unit number)	
[	Delivery Designator	Delive	ery Identifier	Postal Station		
ſ	Municipality/Unorganized Towr	nship or Territory	Province/State	Country	Postal Code/ZIP Code	

• 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)

Project Information		ormation and Instructions I Applicatio Facility Information I 6 Supporting Do		n   <b>2 Project Information</b>   3 Regulatory ments   7 Payment Information	Requirements
2			Print F	Clear Form	Save Form
Technical Contact 4	?				
Area of Responsibility (check all	that apply)	□ Noise/Vibration □ Sewage	U Waste		
Name of Technical Contact			Company		
Telephone Number (include area	a code & ext.) Mobile N	lumber (include area code)	Fax Number (include area code)	E-mail Address	
е	xt.				
Address Information: 🤗					
Same as Applicant Mailing Add	ress? 🔿 Yes 🔿	No (If no, please provide technical cont	tact address information below.)		
Civic Address – Street Informat	tion (includes street numb	per, name, type and direction)		Unit Identifier (suite or unit number)	
Delivery Designator	Delivery	Identifier	Postal Station		
Municipality/Unorganized Town	ship or Territory	Province/State	Country	Postal Code/ZIP Code	

• 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.

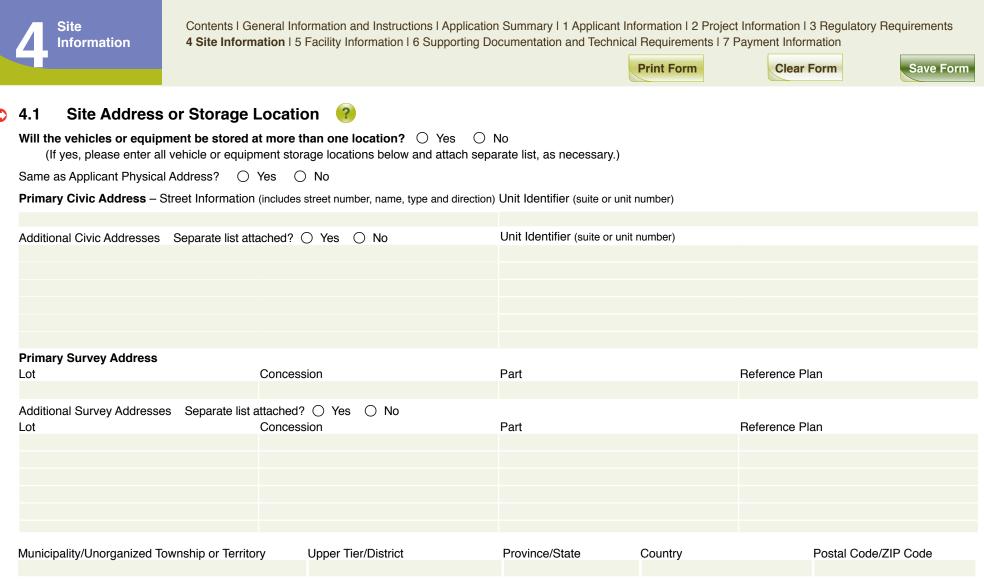
Signature	Date (yyyy/mm/dd)

Contents | General Information and Instructions | Application Summary | 1 Applicant Information | 2 Project Information | 3 Regulatory Requirements Regulatory Reauirements 4 Site Information I 5 Facility Information I 6 Supporting Documentation and Technical Requirements I 7 Payment Information **Print Form Clear Form** Save Form **Environmental Bill of Rights (EBR) Requirements** 3.1 3 ? Is this a proposal for a prescribed instrument under the EBR? ○ Yes  $\cap$ No If yes, is this proposal exempted from the EBR requirements? ○ Yes  $\bigcirc$  No If yes, please check one of the following (Please provide supporting information.) O This proposal has been considered in a substantially equivalent process of public participation. (EBR, 1993, s.30.) O 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).) O 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: O The undertaking has fulfilled the requirements of the EAA through an exemption provided under: of Ontario Regulation No. ○ Section or O 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. O 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)? O Yes O 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  $\square$ completion of an Environmental Screening Process pursuant to O. Reg. 116/01 of the EAA Was 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 EAA ○ Yes ○ No If yes, please submit a copy of the Minister's decision letter. Was the undertaking subject of an objection(s)? O 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.

1	3	Regulatory Requirements		contents   General Information and Instructions   Application Summary   1 Applicant Information   2 Project Information   3 Regulatory Requirements Site Information   5 Facility Information   6 Supporting Documentation and Technical Requirements   7 Payment Information							
							Print Form	Clear Form	Save Form		
•	3.3	Consultation/N	lotification	?							
	Are there any consultation/notification activities that you have undertaken to fulfill requirements by other legislation or through voluntary efforts?										
	⊖ Ye	s O	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.



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

Same as Applicant Physical	Geo Reference? O Ye	es 🔿 No	Geo Reference (required)					
Description of location	Map Datum	Zone	Accuracy Estimate	Geo-Referencing Method	UTM Easting	UTM Northing		
Southwest corner of property								
Physical location of front door or main entrance								

	Site Information Contents   General Information and Instructions   Application Summary   1 Applicant Information   2 Project Information   3 Reg. 4 Site Information   5 Facility Information   6 Supporting Documentation and Technical Requirements   7 Payment Information									
	-				Prin	t Form Clear Form		Save Form		
•	4.2 Site or Stora	ge Location Informa	ation ?							
	Site Name		Days and	Hours of Operation		Ministry of the Environment	District Off	ice 🔻		
					nt has the authority to i	nstall and operate the proposed	⊖ 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.									
	Is the site located in an area of development control as defined by the Niagara Escarpment Planning & Development Act (NEPDA)?									
		covered by the Oak Ridge of municipal planning approv			e, zoning by-law, lette	r from municipality, etc.).	⊖ Yes	O No		
	4 0 0									
$\neg$	4.3 Site Zoning a Current Land Use	and Classification	Official Plan I	Designation		Current Zoning (Please attach zonin	a man if av	ailabla )		
	Current Land Ose		Official Flam	Designation	· · · · · · · · · · · · · · · · · · ·	Current Zonnig (Flease attach Zonni	y map, ii av	allable.)		
	Adjacent Land Use (select a	all that apply)			]					
	Industrial	Commercial	Residential							
	Agricultural	Recreational	Other (specify):							
	Does the current zoning permit the proposed activity?									
		prrespondence from the mur es, please attach correspon		-	the property permits th	he proposed use?				
	Does the official plan desig $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ N/	nation support the proposed A	activity?							

City i	n closest proximity to the point of entry	Descri	ption of Point of Entry		
.5 Source Prote	ction/Drinking Water Threats (se	ewage or waste disposal site applications only)			
Check the source protection	area(s) where the activity is/will be located:				
Ausable Bayfield	Grand River	Raisin Region	Lower Thames Valley		
Maitland Valley	Kettle Creek	South Nation	St. Clair Region		
Cataraqui Region	Long Point	Grey Sauble	<ul> <li>Upper Thames River</li> <li>Crowe Valley</li> <li>Ganaraska</li> </ul>		
Central Lake Ontario	Lakehead	Northern Bruce Peninsula			
Credit Valley	🗌 Mattagami	Saugeen Valley			
] Toronto and Region	Mississippi Valley	Sault Ste. Marie	Kawartha-Haliburton		
Essex	🗌 Rideau Valley	Lake Simcoe & Couchiching/Black River	Lower Trent		
] Halton	🗌 Niagara	Nottawasaga Valley	Otonabee-Peterborough		
Hamilton	North Bay Mattawa	Severn Sound	Outside a source protection area		

Surface Water Intake Protection Zones

Significant Groundwater Recharge Areas Highly Vulnerable Aquifers

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

	Δ	Site Information		ormation and Instructions I Applica Facility Information I 6 Supporting		-		Requirements
	T					Print Form	Clear Form	Save Form
•	4.6	Receiver of Eff	luent Discharge	(sewage applications only)	?			
	Interm	ediate Receiver Name			Watershed Name			
	🗌 Su	rface Water	Groundwater	Other (specify):				
	Has th	e facility received local (	Conservation Authority	clearance? (for stormwater managen	ent facility discharging to t	he natural environment)		
	O Ye	s O N/A If yes,	please include a copy	of the Conservation Authority clear	ance.			
	Final	Receivers 🗌 N/A	?					
	Will th	e proposed activity disch	narge sewage to any of	the following critical receivers?				
	🗌 La	ke Simcoe	Rideau River	Detroit River Ot	her (specify):			
	🗌 Gr	eat Lakes	Rouge River	Bay of Quinte				
	Is the	receiver a Policy 2 recei	ver? 🔿 Yes 🔿 No					
	Do yo	u have a Policy 2 deviati	on approval from the di	rectors? 🔿 Yes 🔿 No 🛛 I	yes, please attach a co	opy of the Director's approva	ul.	



?

5.1 Air 

IF YOUR APPLICATION DOES NOT HAVE AIR EMISSIONS PLEASE PROCEED TO SECTION 5.2

#### Summary of Equipment that Discharges Contaminants to the Air 5.1.1 D

(√)	Description	Number of Pieces of Equipment
	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
	Storage tanks	N/A
	Welding operations that use a maximum of 10 kilograms of welding rod per hour	N/A
	Combustion equipment that uses waste-derived fuel for the purpose of providing comfort heating, burning $\leq$ 15 litres per hour	
	Heat cleaning ovens used for parts cleaning and associated parts washers or degreasing equipment, other than solvent degreasing equipment	
	Cooling towers	
	Equipment used to control emissions of contaminants, other than a fume incinerator	
	Laboratory fume hoods	
	Paint spray booths and associated equipment that have a design capacity of up to 8 litres per hour of paint	
	Grain dryers	
	Any other equipment not listed above with a flow rate of less than or equal to 1.5 m <sup>3</sup> per second	
	Any other equipment not listed above with a flow rate of greater than 1.5 m <sup>3</sup> per second	
	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

#### 0 5.1.2 **Emission Summary and Dispersion Modelling (ESDM) Report**

?

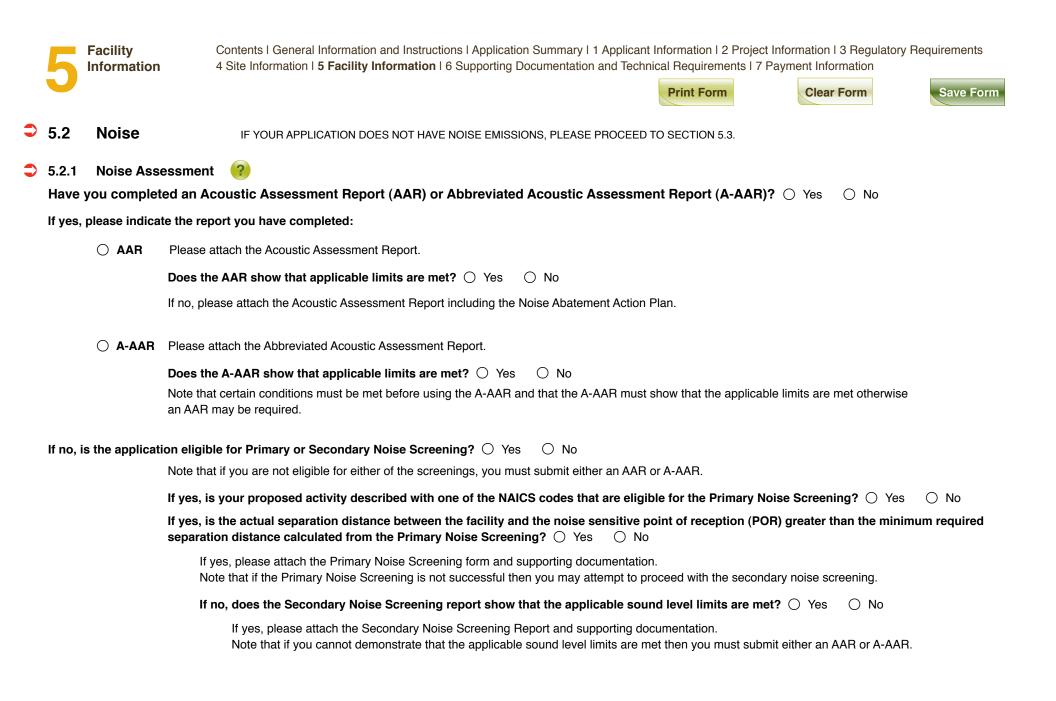
Is the review of an existing, approved ESDM required as part of this proposed application? O Yes O No

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? O Yes O No

Facility Information			nmary I 1 Applicant Information I 2 Project entation and Technical Requirements I 7 F	<b>U</b>	Requirements
5			Print Form	Clear Form	Save Form
5.1.3 O. Reg. 41	9/05 Requirements 🛛 ?				
Which of the followi	ing sections of O. Reg. 419/05 ap	plies to the facility?			
s.19 (Schedule 2)	) 🗌 s.20 (Schedule 3) 🗌 Doe	s not apply. Please indicate reason:			
Has an instrument u	under O. Reg. 419/05 been issued	? 🔿 Yes 🔿 No			
If yes, what type(s) of	f instruments (including any notices	, orders or approvals) has (have) been	issued? (select all that apply)		
Ss. 4(2) Adjacent	Properties	Ss. 20(4) Speed-up Request			
ss. 7(1) Specified	Dispersion Models	Ss. 20(5) Speed-up Order			
Ss. 8(2) Negligible	e Sources	S. 35 Site-specific Standard			
Ss. 10(2) Operatir	ng Conditions	Ss. 35(14) Site-specific Standard	Order		
Ss. 11(2) Refined	Emission Rates	🗌 ss. 39(3) Technical Standard Reg	istration (Industry Standard)		
ss. 13.1 Value of	Dispersion Modeling Parameters	🗌 ss. 39(4) Technical Standard Reg	istration (Equipment Standard)		
Ss. 13(1) Meteoro	ological Data				
Ss. 14(6) Area of I	Modelling Coverage				
Other (list all that h	ave been issued):				
Is an instrument une	der O. Reg. 419/05 being request	ed as part of this application? $\bigcirc$ Ye	s 🔿 No		
If yes, what type(s) of	f notice, order or approval is (are) b	eing requested?			
Ss. 7(1) Specified	Dispersion Models	ss. 14(6) Area of Modelling Cove	rage		
Ss. 8(2) Negligible	e Sources	Ss. 20(4) Speed-up Request			
Ss. 10(2) Operatir	ng Conditions	s. 32 Request for a Site-specific	Standard Order		
Ss. 11(2) Refined	Emission Rates	ss. 39(1)(a) Application for Techn	ical Standard Registration (Industry Stan	dard)	
Ss. 13(1) Meteoro	ological Data	ss. 39(1)(b) Application for Techn	ical Standard Registration (Equipment St	andard).	
Other (list all that h	ave been requested):				
Please attach the form	m(s) requesting the notice(s) and/o	r order(s) and any additional supporting	information.		
Has an s.30 Upper R	tisk Threshold (Schedule 6) been e	ceeded? If yes, please include addition	al supporting information. O Yes O	No	
Is the facility located	in a multi-tenant building? If yes, ad	lditional information may be requested.	○ Yes ○ No		
Are all of the contami	inants to which the application relat	as represented in the Ministry of the En	vironment publication titled "Summary of	Standarda and Guidalinaa	to support

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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#### 5.2.2 Equipment Subject to Noise Review

?

(√)	Description	Number of Pieces of Equipment
	Arc Furnaces	
	Asphalt Plants	
	Blow-down Devices	
	Co-generation Facilities	
	Crushing Operations	
	Flares	
	Gas Turbines	
	Pressure Blowers or Large Induced Draft Fans (flow rate > 47m <sup>3</sup> /second or static pressure > 1.25 kilopascals)	
	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	
	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	

	5	Facility Information						t Information I 2 Project Info nical Requirements I 7 Pay	÷ .	Requirements
								Print Form	Clear Form	Save Form
•	5.3	Sewage Works	; ?	IF YOUR A	PPLICATION DOE	ES NOT CONTAIN	SEWAGE WORKS PLEA	ASE PROCEED TO SECTION	5.4	
•	5.3.1	Facility Type – Se	wage Works	?						
	Select	the type of facility that	at is the subject o	of the app	lication (select a	ll that apply).				
	🗌 Se	wage Treatment Plant	(STP)		Further informa	ition:				
					Primary			On-site system		
					Secondary			Lagoons (check all the	at apply below)	
					Tertiary			Septage		
					Receives se	eptage		Municipal		
					Constructed	d/Engineered We	tlands	Other (specify):		
	[	Municipal or private	facility		Please indicate	the maximum d	esign capacity of the n	nunicipal or private sewage	e treatment plant:	
		Category: O New	$\bigcirc 1 \bigcirc 2 \bigcirc 3$	○ 4	O ≤ 4,550 m³/	day	○ > 4,550 m³/day			
	[	Facility for the treat	nent of leachate							
		Category: O New	$\bigcirc 1 \bigcirc 2 \bigcirc 3$	○ 4						
	[	☐ Facility for the treatm	nent of industrial p	rocess wa	stewater					
		Category: O New	$\bigcirc 1 \bigcirc 2 \bigcirc 3$	○ 4						
	[	☐ Facility for the dispo	sal of non-contact	cooling wa	ater					
	[	Subsurface disposal			Please indicate the design capacity of the subsurface disposal:					
					$\bigcirc \le 15 \text{ m}^3/\text{day}$ $\bigcirc > 15 \text{ m}^3/\text{day}$ $\bigcirc > 50 \text{ m}^3/\text{day}$					
	Sto	ormwater Managemen	t Facility							
	Ca	tegory: 🔿 New 🔿 1	$\bigcirc 2 \bigcirc 3 \bigcirc 4$		U Wet Pond	Dry Pond	Other (specify):			
		e following, you must co orm Sewers mbined Sewers nitary Sewers	omplete and attach ] Ditches ] Forcemains ] Pumping Statio		ant sections of th	e pipe data form	:			
	ls a Hy	drogeological Assessm	nent required?	Yes 🔿	No (If yes, ple	ase attach the h	/drogeological assessr	ment.)		
		view of effluent criteria a res, please attach the fi			-	-		required? () Yes ()	No	
		view of effluent criteria a res, please attach the fi		-				ate treatment plant require	ed? 🔿 Yes 🔿 No	

,		Facility Information		eneral Information and Instructions I Application S ation I <b>5 Facility Information</b> I 6 Supporting Docu		chnical Requirements I 7 Payment	
•	5.3.2	Servicing	?				
	The wo	orks will provi	de sewage servicing	for (select all that apply):			
	🗌 Res	sidential	<ul> <li>Subdivision</li> <li>Condominium</li> <li>Institutional</li> <li>Other (specify):</li> </ul>	Is there a Municipal Responsibility Agreeme If yes, please attach a copy of the Municipal Re	•		
	🗌 Cor	nmercial	<ul> <li>Hotel, Motel, Inn</li> <li>Resort</li> <li>Restaurant</li> </ul>		ntal Cabins er (specify):		
	🗌 Ind	ustrial	Describe:				
	<b>5.3.3</b> Does/W	•	-	visposal/Landfill Sites ?	es 〇 No Ifye	es, please identify the site(s) below	N.
	Nan	ne of Site Cont	ributing Leachate			Environmental Compliance Approval Number	Volume of leachate (m <sup>3</sup> )
	1.						
	2.						
	3.						
	4.						
	5.						

	5	Facility Information						ation I 2 Project Inform quirements I 7 Payme	•	y Requirements	
	J						Prin	t Form	Clear Form	Save Form	
0	5.4	Waste Disp	osal Site	? IF Y	OUR APPLICATION IS	S NOT FOR A WASTE	DISPOSAL OR PROCE	ESSING SITE PLEASE F	PROCEED TO SECT	ION 5.5	
•	5.4.1	-	iption – Waste	Disposal Site (	information on the nati	ure of the proposed bus	siness or activity at this				
	Servic	e Area					-	Total Area of Site (hec	tares)		
		<b>oring</b> (select all that oundwater	apply)	′ater 🗌 L	andfill Gas	Leachate	None	Other (specify)	):		
	Type(s) of waste to be accepted at this site (select all that apply)										
	🗌 Ha	Subject:       Non-subject:         Hazardous Waste       Municipal (non-hazardous)         Liquid Industrial Waste       Other Liquid Waste									
		cipal waste catego Categories	ries to be accep		elect all that apply) C&I Sources	Source Sepa	arated Organics	Tires	🗌 Leaf & Yar	d Waste	
		ontaminated Soil	Wood Was		Blue Box Materials	Other (specify	U U				
	Other	liquid waste cate	gories to be acco	epted at this site	(select all that apply)						
	🗌 Pro	ocessed Organics	Waste from	n Food Processing	/Preparation Opera	tions 🗌 Hauled S	Sewage 🗌 Other	(specify):			
					Hazardous	Waste / Liquid Indu	strial Waste				
	CI	ass Code C	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

Waste Types to be Transferred or Processed	Design Capacity				
Hazardous waste or liquid industrial waste	$\bigcirc$ < 100 tonnes per day $\bigcirc$ > 100 tonnes per day				
□ Waste other than hazardous waste and liquid industrial waste	$\bigcirc$ < 100 tonnes per day $\bigcirc$ > 100 tonnes per day				

Change to Operations ?					
○ No Change Proposed	○ Change does not require fundamental design review	○ Change requires fundamental design review			

Liquid Waste								
Max	imum Storage Capa	city (m³)	Maximum Residual for Final Disposal (m <sup>3</sup> )					
Hazardous	Liquid Industrial Other Liquid Waste	Other Liquid Meete	Hazardous		Liquid Industrial		Other Liquid Waste	
Hazaluous		Other Liquid Waste	Daily	Annually	Daily	Annually	Daily	Annually

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

Maximum Amount of Waste to be Received Daily							
Liquid (m <sup>3</sup> )			Solid (tonnes)				
Hazardous Liquid Industrial		Other Liquid Waste	Hazardous	Non-hazardous			

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#### **5.4.3** Thermal Treatment Facility – Complete this information if thermal treatment takes place at this facility

Waste Type for Thermal Treatment	Design Capacity
Hazardous waste or liquid industrial waste	$\bigcirc$ < 100 tonnes per day $\bigcirc$ > 100 tonnes per day
□ Waste other than hazardous waste and liquid industrial waste	$\bigcirc$ < 100 tonnes per day $\bigcirc$ > 100 tonnes per day

Change to Operations ?				
○ No Change Proposed	○ Change does not require fundamental design review	○ Change requires fundamental design review		

Liquid Waste								
Maximum Storage Capacity (m <sup>3</sup> ) Maximum Residual for Final Disposal (m <sup>3</sup> )								
Hazardous	Liquid Industrial Other Liquid Waste		Hazardous		Liquid Industrial		Other Liquid Waste	
Hazardous		Other Liquid Waste	Daily	Annually	Daily	Annually	Daily	Annually

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

Maximum Amount of Waste to be Received Daily							
	Liquid (m <sup>3</sup> )		Solid (tonnes)				
Hazardous Liquid Industrial		Other Liquid Waste	Hazardous	Non-hazardous			

Maximum Daily Feed Rate (tonnes/m <sup>3</sup> )							
Hazardous Waste (tonnes)	Non-hazardous Waste (tonnes)	Liquid Industrial Waste (m <sup>3</sup> )	Other Liquid Waste (m <sup>3</sup> )				

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S.4.4 Landfill Site - Complete this information if this facility operates as a landfill site       ?         Waste Types to be accepted at the Landfill       Design Capacity         Hazardous waste or liquid industrial waste       ○ ≤ 40,000 m³       > 40,000 m³ ≤ 3 million m³       > 3 million m³         Waste is only uncontaminated tree stumps, leaves, branches, concrete and rocks       ○ ≤ 40,000 m³       ○ ≥ 40,000 m³ ≤ 3 million m³       > 3 million m³	J					Print Form	Clear For	m	Save Form
Hazardous waste or liquid industrial waste $\bigcirc \le 40,000 \text{ m}^3$ $\bigcirc > 40,000 \text{ m}^3 \le 3 \text{ million m}^3$ $\bigcirc > 3 \text{ million m}^3$ Waste is only uncontaminated tree stumps, leaves, branches, $\bigcirc \le 40,000 \text{ m}^3$ $\bigcirc > 40,000 \text{ m}^3 \le 3 \text{ million m}^3$ $\bigcirc > 3 \text{ million m}^3$	5.4.4	Landfill Site – Complete this information if this facility op	perate	es as a landfill site		?			
Waste is only uncontaminated tree stumps, leaves, branches, $\bigcirc \le 40,000 \text{ m}^3$ $\bigcirc > 40,000 \text{ m}^3 \le 3 \text{ million m}^3$ $\bigcirc > 3 \text{ million m}^3$	Wa	ste Types to be accepted at the Landfill	Desi	gn Capacity					
		Hazardous waste or liquid industrial waste	0	≤ 40,000 m³	0	> 40,000 m <sup>3</sup> $\leq$ 3 million m	۱³ ()	> 3 million m	3
			0	≤ 40,000 m³	0	> 40,000 m <sup>3</sup> $\leq$ 3 million m	1 <sup>3</sup> ()	> 3 million m	3
Waste other than hazardous waste and liquid industrial waste, other than uncontaminated tree stumps, leaves, branches, concrete and rocks. $\bigcirc \leq 40,000 \text{ m}^3$ $\bigcirc > 40,000 \text{ m}^3 \leq 3 \text{ million m}^3$ $\bigcirc > 3 \text{ million m}^3$		•	0	≤ 40,000 m³	0	> 40,000 m <sup>3</sup> $\leq$ 3 million m	۱³ ()	> 3 million m	3

	Change to Operations	
○ No Change Proposed	<ul> <li>Change does not require fundamental design review or hydrogeological assessment</li> </ul>	Change requires fundamental design review or hydrogeological assessment

Maximum Landfilling Capacity (m <sup>3</sup> )						
Hazardous Waste	Non-hazardous Waste	Liquid Industrial Waste	Other Liquid Waste			

	Maximum Amount of Waste to be Received							
Hazardous Waste (tonnes)		Non-hazardous Waste (tonnes)		Liquid Industr	ial Waste (m³)	Other Liquid Waste (m <sup>3</sup> )		
Daily	Annually	Daily	Annually	Daily	Annually	Daily	Annually	

				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)		
				Leachate Collected and T	Treated Off-site	Leachate Collected and Treated On-site
				Landfill Gas Collected and	nd Flared	Landfill Gas Collected for Energy Generation
				Other (describe):		

Facility Contents | General Information and Instructions | Application Summary | 1 Applicant Information | 2 Project Information | 3 Regulatory Requirements Information 4 Site Information | 5 Facility Information | 6 Supporting Documentation and Technical Requirements | 7 Payment Information **Print Form Clear Form** Save Form 5.5 Waste Management Systems (Except Mobile Waste Processing) 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? O Yes O No Year Make Model Vehicle Identification Number (VIN) Licence Plate Number Province/State ?

#### **Vehicle Information** 5.5.2

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

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

	Facility Information		ontents   General Information Site Information   <b>5 Facility</b>				•	•	y Requirements		
						Pri	nt Form	Clear Form	Save Form		
•	5.5.3 General Wa	ste Manage	ment System	?							
	Type(s) of Waste to	be Transpor	ted by the General Wast	e Management Sys	tem (select all that ap	oly)					
	Subject:			Non-su	bject:						
	Hazardous Wast	e		🗌 Mun	iicipal (non-hazardou	IS)					
	Liquid Industrial	Waste		Othe	er Liquid Waste						
	Non-subject Categ	ories to be Tı	ansported by the Generation	al Waste Manageme	ent System (select al	l that apply)					
	Blue Box Materia	als	Domestic Sources	🗌 Com	nmercial	🗌 Non-Ha	Non-Hazardous Solid Industrial Asbestos Waste in Bulk				
	<ul> <li>Dewatered Catch Basin</li> <li>Clean-out Material</li> <li>Leaf/Yard Waste</li> </ul>		U Wood Waste		🗌 Spill Cle	anup Material	Contaminated Soil				
	Waste from Food	0		U Waste Wash Water		Processed Organics (not for land application)		Grease Trap Waste			
	Preparation Ope	allons		Othe	ers (specify):						
	Subject Waste Cate	egories to be	Transported by the Gen		ment System Waste / Liquid Indu	· · · · ·	st attached? O Ye	es 🔿 No			
	Class Code	Class Cod	de Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code		
		01233 000			01233 0000	01233 0000		01233 0000			

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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 4 Site Information

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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



(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.
- O No If no, please clarify:

Spreading equipment (land application only)

Separate list attached? O Yes O No

Equipment Type	Make & Model	Description

		General Information and Instructions nation I <b>5 Facility Information</b> I 6 St			nd Technica			latory Requirements Save Form
	Method of system operation (land appl	ication only)						
	Estimated quantity to be handled on an anr	ual 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 What is the final destination of waste to			management	system? (	must include for	r land application only)	
	□ Non-agricultural land □ Agricultura			-	System: (			
•	5.5.5 Hauled Sewage (Septage) Wa	aste Management System	?					
	Type(s) of hauled sewage (septage) to be t			r (specify):				
	Spreading Equipment (land application only)			list attached?	⊖ Yes	🔿 No		
	Equipment Type	Make & Model				I	Description	

5	Facility Informati	tion Contents   General Information and Instructions   Application Summary   1 Applicant Information   2 Project Information   3 Regulatory 4 Site Information   5 Facility Information   6 Supporting Documentation and Technical Requirements   7 Payment Information	Requirements
J		Print Form Clear Form	Save Form
Does	this system	m include in-transit storage? 🔿 Yes 🔿 No ( ?	
lf yes: a) Wł		uration of storage? Please specify (Maximum period of in-transit storage should not exceed more than two weeks):	
-	-	e tank a prefabricated tank with the capacity < 100,000 L, designed and constructed in accordance with a Class 5 Sewage System under the ng Code or CAN/CSA B66-05?	
0	Yes	O No If no, please provide a copy of the design of the storage tank signed and dated by a professional engineer.	
Does	this system	m include in-transit processing? 🔿 Yes 🔿 No 🥠	
lf yes: a) Lo		-transit processing:	
🗌 In	Vehicle	In-storage Tank	
b) De	escribe the m	method of in-transit processing:	
Does	this system	m use barge/boat to transport hauled sewage (septage)? 🔿 Yes 🔿 No 🥠	
		Im of \$1,000,000.00 liability insurance been obtained for the barge/boat for which it is required?	
,	es the barge Yes	ge/boat have an engine of 10 horsepower (hp) or more, for which a commercial vessel licence is required from Transport Canada?	

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)

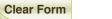
	nation I 3 Regulatory Requirements nt Information		
0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Print Form	Clear Form Save Form
5.6 Waste Management \$	System – Mobile Waste Processing	?	
5.6.1 Mobile Waste Manageme	nt System Process and Equipment Description	?	
Type(s) of Waste to be Processed (se	elect all that apply)		
Subject:	Non-subject:		
Hazardous Waste	🗌 Municipal (non-hazard	dous)	
Liquid Industrial Waste	□ 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		
	Hazardous Waste		
	Liquid Industrial Waste		
	Other Liquid Waste		
	Multiple Types of Waste from the Categories Above		
		Total Financial Assurance	
Municipal (non-hazardous) Waste Ca	ategories to be Processed (select all that apply)		
Contaminated Soil at Cleanup Site	Wood Waste     Construction & Demolition Waste	Asbestos Waste	
Domestic Waste Other (specif	y):		
Other Liquid Waste Categories to be	Processed (select all that apply)		
Hauled Sewage Waste from	Food Processing/Preparation Operations	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	



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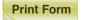
#### **5.6.2** Equipment Information – Please attach a separate list if more space is required.

Separate list attached? O Yes O No

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



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#### **5.7** Cleanup of Contaminated Sites

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

?

#### Type of cleanup:

- ◯ In-situ
- ⊖ Ex-situ
- $\bigcirc$  Both

#### Contaminated media to be treated:

- Surface water
- Sediment Sediment
- 🗌 Soil

#### Waste Type:

#### Subject:

#### Non-subject:

- Hazardous Waste
- Liquid Industrial Waste

## dustrial Waste

#### Type of discharge:

Air
-----

- Groundwater
  - dwater
- Storm or sanitary

Other Liquid Waste

Municipal (non-hazardous)

- Surface water

Supporting Documentation and Technical Requirements

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

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	Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	$\begin{array}{c} \text{Confidential}^* \\ () \end{array}$
•	A copy of this application has been sent to the Ministry Local District Office	🔿 Yes 🔿 No		
0	Explanation for confidentiality	🔿 Yes 🔿 No		
•	Other (please describe):	🔿 Yes 🔿 No		

#### **6.2** Air

Supporting

and Technical

Requirements

•	Emission Summary and Dispersion Modelling (ESDM) Report prepared in accordance with s.22 and of O. Reg. 419/05 (including signed checklist – PIBS 5357e)	○ Yes	O No	
٢	Electronic copy of the Dispersion Modelling input and output files prepared in accordance with s.26 of O. Reg. 419/05	⊖ Yes	🔿 No	
•	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	O No	
٢	Copies of forms requesting O. Reg. 419/05 instruments and supporting documentation	⊖ Yes	⊖ No	
<b>○</b>	Other (please describe):	⊖ Yes	O No	

#### **○** 6.3 **Noise and Vibration**

٢	Primary Noise Screening	⊖ Yes ⊖ No	
٢	Secondary Noise Screening	⊖ Yes ⊖ No	
٢	Abbreviated Acoustic Assessment Report including signed checklist (A-AAR)	⊖ Yes ⊖ No	
٢	Acoustic Assessment Report including signed checklist (AAR) (PIBS 5356e)	⊖ Yes ⊖ No	
٢	Vibration Assessment report	⊖ Yes ⊖ No	

#### Supporting Documentation

and Technical Requirements Contents | General Information and Instructions | Application Summary | 1 Applicant Information | 2 Project Information | 3 Regulatory Requirements 4 Site Information | 5 Facility Information | 6 Supporting Documentation and Technical Requirements | 7 Payment Information

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	Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	$\frac{\text{Confidential}^*}{()}$
•	Noise Abatement Action Plan	🔿 Yes 🔿 No		
•	Other (please describe):	🔿 Yes 🔿 No		

## **\$** 6.4 Sewage

0	Signed Municipal Responsibility Agreement	○ Yes ○ No	
0	Detailed description of the proposed activities/works	○ Yes ○ No	
0	Notice of Completion for the Environmental Study Report (ESR)	○ Yes ○ No	
0	Design Brief	○ Yes ○ No	
0	Preliminary Engineering Report	○ Yes ○ No	
0	Final Plans	○ Yes ○ No	
0	Engineering Drawings and Specifications	○ Yes ○ No	
0	Sewage quantity and quality characteristics	○ Yes ○ No	
•	Stormwater Management Report	○ Yes ○ No	
0	Stormwater Management Plan	○ Yes ○ No	
0	Hydrogeological Assessment	○ Yes ○ No	
•	Environmental Impact Analysis	⊖ Yes ⊖ No	
•	Final effluent criteria accepted by regional office of the Ministry	○ Yes ○ No	
	Sewage Works Limited Operational Flexibility Requirements		
0	1. Engineer's Report	○ Yes ○ No	
0	2. Declarations	○ Yes ○ No	
0	Pipe Design Data Form	○ Yes ○ No	
•	Other (please describe):	○ Yes ○ No	

Requirements		Print Form Clear Form	Save Form
Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidentia
.5 Waste Disposal Sites			
Design and Operations Report	◯ Yes ◯ No		
Stormwater Management Report	⊖ Yes ⊖ No		
Hydrogeological Assessment	⊖ Yes ⊖ No		
Assessment of Physical and Water Use Conditions	⊖ Yes ⊖ No		
Naste Limited Operational Flexibility Requirements			
1. Engineer's Report	🔿 Yes 🔿 No		
2. Declarations	🔿 Yes 🔿 No		
Copy of notification to adjacent landowners	🔿 Yes 🔿 No		
Other (please describe):	◯ Yes ◯ No		
.6 Waste Management Systems			
Proof of vehicle and/or equipment ownerships	◯ Yes ◯ No		
Complete Fleet List (list of all vehicles, trailers and equipment used)	◯ Yes ◯ No		
Complete Fleet List (list of all vehicles, trailers and equipment used) Copy of the Liability Insurance for all vehicles for which insurance s required			
Copy of the Liability Insurance for all vehicles for which insurance	🔿 Yes 🔿 No		
Copy of the Liability Insurance for all vehicles for which insurance s required	<ul> <li>○ Yes</li> <li>○ No</li> <li>○ Yes</li> <li>○ No</li> </ul>		
Copy of the Liability Insurance for all vehicles for which insurance s required Copy of BUC recommendation	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>		
Copy of the Liability Insurance for all vehicles for which insurance s required Copy of BUC recommendation Copy of the storage tank design	<ul> <li>Yes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>		
Copy of the Liability Insurance for all vehicles for which insurance s required Copy of BUC recommendation Copy of the storage tank design Copy of commercial vehicle licence Description of the physical location where the vehicles	<ul> <li>Yes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>		
Copy of the Liability Insurance for all vehicles for which insurance s required Copy of BUC recommendation Copy of the storage tank design Copy of commercial vehicle licence Description of the physical location where the vehicles ransporting biomwedical waste are being disinfected	· Yes       · No         · Yes       · No		
Copy of the Liability Insurance for all vehicles for which insurance s required Copy of BUC recommendation Copy of the storage tank design Copy of commercial vehicle licence Description of the physical location where the vehicles ransporting biomwedical waste are being disinfected Drivers Training Manual (for PCB/Biomedical Waste) A copy of the applicant's Operation Plan including detailed	<ul> <li>Yes</li> <li>Yes</li> <li>No</li> </ul>		

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	and Technical Requirements		Print Form	Clear Form	Save Form	

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

•	Design and Operations Report – Mobile Waste Processing of General Waste	⊖ Yes ⊖ No	
•	Design and Operations Report – Mobile Waste Processing of Liquid Waste	⊖ Yes ⊖ No	
0	Other (please describe):	◯ Yes ◯ No	

#### 6.8 Cleanup of Contaminated Sites

•	Design Report for Cleanup of Contaminated Sites	○ Yes ○ No		
•	Other (please describe):	⊖ Yes ⊖ No	Г	

#### **5** 6.9 Other Attachments

Title	Reference	Confidential* $()$
Are you attaching an additional list of attachments?	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. Payment Information

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			Print Form	Clear Form	Save Form		
Payment Information: Application for an Environmental Compliance Approval							
<ul> <li>Please Note:</li> <li>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.</li> <li>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.</li> <li>All fees should be paid in Canadian funds, payable to the <i>Minister of Finance</i>, except fees for <i>Transfer of Review</i>, which are payable to the local municipality.</li> <li>Credit card payments are accepted for payments under \$10,000 only.</li> <li>If you are paying by certified cheque or money order, please staple your payment to this page.</li> <li>The information collected in this section of the form is considered confidential and will only be used to process your application fee.</li> <li>Do not include this page in the copies of your application that are being provided to the Local Ministry District Office.</li> </ul>							
Amount Enclosed	Method of Payment						
\$	Certified Cheque VISA	<ul> <li>Money Order</li> <li>MasterCard</li> </ul>	American Expre	SS			
Credit Card Information (if paying by VISA, MasterCard or American Express)							
Name on Card (please print)	Credit Card Number		Expiry Date (mm/yyy	y)			
Cardholder Signature	Date (yyyy/mm/dd)						

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

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