Environmental Compliance Approval Application

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Ontario

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
135 St. Clair Ave. West, 1st Floor
Toronto, Ontario M4V 1P5
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: http://www.ontario.ca/environment-and-energy/environmental-approvals

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: http://www.ontario.ca/environment-and-energy/ministry-environment-and-climate-change-regional-and-district-offices

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

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 addtional information.

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

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

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

Calculate — **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

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

Application Summary

Applicant Name

Project Name

Project Description Executive Summary

Required Information

	Completed (yes or no)
Project Name & Description	No
Section 1: Applicant Information	No
Section 2: Project Information	No
Section 3: Regulatory Requirements	No
Section 4: Site Information	No
Section 5: Facility Information	No
Section 6: Supporting Documentation	No
Section 7: Payment Information	No
Application Status	Please complete the sections as shown above

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

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.

1.1 Applicant Information

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

Business Number

Business Name ☐ same as Applicant Name

Business Website Address:

Applicant Type:

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

Primary North American Industry Classification System (NAICS) Code

Other NAICS codes (select all that apply)

Separate list attached? ○ Yes ◉ No

Business Activity Description

1.2 Applicant Physical Address

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

Unit Identifier (suite or unit number)

Survey Address

Lot

Concession

Part

Reference Plan

Municipality/Unorganized Township or Territory

Upper Tier/District

Province/State

Country: Canada

Postal Code/ZIP Code

Telephone Number (include area code & ext.)

ext.

Fax Number (include area code)

Mobile Number (include area code)

E-mail Address

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						

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)

Delivery Designator

Delivery Identifier

Postal Station

Municipality/Unorganized Township or Territory

Province/State

Country: Canada

Postal Code/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.)

ext.

Fax Number (include area code)

Mobile Number (include area code)

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)

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?
◯	◉	Air – Stationary	☐	☐
◯	◉	Air – Mobile	☐	☐
◯	◉	Noise	☐	☐
◯	◉	Vibration	☐	☐
◯	◉	Waste Disposal Site – Landfill site	N/A	☐
◯	◉	Waste Disposal Site – Transfer site	☐	☐
◯	◉	Waste Disposal Site – Processing site	☐	☐
◯	◉	Waste Disposal Site – Composting site	N/A	☐
◯	◉	Waste Disposal Site – Thermal Treatment site	N/A	☐

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

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
		◯	◯
		◯	◯
		◯	◯
		◯	◯

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)

2.5 Technical Contacts

Technical Contact 1

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

Canada

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)

Technical Contact 2

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

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- 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)

Technical Contact 3

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

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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)

Technical Contact 4

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

Canada

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)

3.1 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 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

  Was 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.

3.3 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.

4.1 Site Address or Storage Location

Will the vehicles or equipment be stored at more than one location? ○ Yes ○ No

(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)

Additional Civic Addresses Separate list attached? ○ Yes ○ No Unit Identifier (suite or unit number)

Primary Survey Address

Lot Concession Part Reference Plan

Additional Survey Addresses Separate list attached? ○ Yes ○ No

Lot Concession Part Reference Plan

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

Canada

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

Same as Applicant Physical Geo Reference? ○ Yes ○ 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						

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

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

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

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)

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

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

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)?

- ☐ Wellhead Protection Areas
- ☐ Highly Vulnerable Aquifers
- ☐ Surface Water Intake Protection Zones
- ☐ 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

4.6 Receiver of Effluent Discharge (sewage applications only)

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.

5.1 Air

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
☐	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 ≤ 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^3 per second	
☐	Any other equipment not listed above with a flow rate of greater than 1.5 m^3 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

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

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)

☐ ss. 4(2) Adjacent Properties
☐ ss. 7(1) Specified Dispersion Models
☐ ss. 8(2) Negligible Sources
☐ ss. 10(2) Operating Conditions
☐ ss. 11(2) Refined Emission Rates
☐ ss. 13.1 Value of Dispersion Modeling Parameters
☐ ss. 13(1) Meteorological Data
☐ ss. 14(6) Area of Modelling Coverage
☐ ss. 20(4) Speed-up Request
☐ ss. 20(5) Speed-up Order
☐ s. 35 Site-specific Standard
☐ ss. 35(14) Site-specific Standard Order
☐ ss. 39(3) Technical Standard Registration (Industry Standard)
☐ ss. 39(4) Technical Standard Registration (Equipment Standard)
☐ 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?

☐ ss. 7(1) Specified Dispersion Models
☐ ss. 8(2) Negligible Sources
☐ ss. 10(2) Operating Conditions
☐ ss. 11(2) Refined Emission Rates
☐ ss. 13(1) Meteorological Data
☐ ss. 14(6) Area of Modelling Coverage
☐ ss. 20(4) Speed-up Request
☐ s. 32 Request for a Site-specific Standard Order
☐ ss. 39(1)(a) Application for Technical Standard Registration (Industry Standard)
☐ ss. 39(1)(b) Application for Technical Standard Registration (Equipment Standard).
☐ 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

5.2 Noise

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.

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^3/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	

5.3 Sewage Works

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:

☐ Primary
☐ Secondary
☐ Tertiary
☐ Receives septage
☐ Constructed/Engineered Wetlands
☐ On-site system
☐ Lagoons (check all that apply below)
  ☐ Septage
  ☐ Municipal
  ☐ Other (specify):

☐ Municipal or private facility
Category: ○ New ○ 1 ○ 2 ○ 3 ○ 4

Please indicate the maximum design capacity of the municipal or private sewage treatment plant:
○ ≤ 4,550 m^3/day ○ > 4,550 m^3/day

☐ 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 design capacity of the subsurface disposal:
○ ≤ 15 m^3/day ○ > 15 m^3/day and < 50 m^3/day ○ > 50 m^3/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:

☐ **Storm Sewers**
☐ **Combined Sewers**
☐ **Sanitary Sewers**
☐ **Ditches**
☐ **Forcemains**
☐ **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.)

5.3.2 Servicing

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

☐ **Residential**
- ☐ Subdivision
- ☐ Condominium
- ☐ Institutional
- ☐ Other (specify):

Is there a Municipal Responsibility Agreement in place? ○ Yes ○ No ○ N/A

If yes, please attach a copy of the Municipal Responsibility Agreement.

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

☐ **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.		

5.4 Waste Disposal Site

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)

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:
☐ Hazardous Waste
☐ Liquid Industrial Waste

Non-subject:
☐ Municipal (non-hazardous)
☐ 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):

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

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	○ ≤ 100 tonnes per day	○ > 100 tonnes per day
☐ Waste other than hazardous waste and liquid industrial waste	○ ≤ 100 tonnes per day	○ > 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^3)			Maximum Residual for Final Disposal (m^3)					
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 (m^3)			Solid (tonnes)	
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous	Non-hazardous

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	◯ ≤ 100 tonnes per day	◯ > 100 tonnes per day
☐ Waste other than hazardous waste and liquid industrial waste	◯ ≤ 100 tonnes per day	◯ > 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^3)			Maximum Residual for Final Disposal (m^3)					
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 (m^3)			Solid (tonnes)	
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous	Non-hazardous

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

5.4.4 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
☐ Waste other than hazardous waste and liquid industrial waste, other than uncontaminated tree stumps, leaves, branches, concrete and rocks.	○ ≤ 40,000 m³	○ > 40,000 m³ ≤ 3 million m³	○ > 3 million m³

Change to Operations		
○ No Change Proposed	○ Change does not require fundamental design review or hydrogeological assessment	○ Change requires fundamental design review or hydrogeological assessment

Maximum Landfilling Capacity (m³)			
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 Industrial Waste (m³)		Other Liquid Waste (m³)	
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 Treated Off-site	☐ Leachate Collected and Treated On-site
				☐ Landfill Gas Collected and Flared	☐ Landfill Gas Collected for Energy Generation
				☐ Other (describe):	

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? ◯ 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).

5.5.3 General Waste Management System

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)

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

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.

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.

○ No If no, please clarify:

Spreading equipment (land application only) Separate list attached? ○ Yes ○ No

Equipment Type	Make & Model	Description

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 ?

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

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.

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)

5.6 Waste Management System – Mobile Waste Processing

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

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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							

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
- ○ 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

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* (√)
☑	Proof of legal name	◯ Yes ◯ No		☐
	Enhanced EBR description	◯ Yes ◯ No		☐
	Provincial Officer Notice	◯ Yes ◯ No		☐
	Inspection Report	◯ Yes ◯ No		☐
➲	Detailed project and process description	◯ Yes ◯ No		☐
☑	Pre-application Consultation Record	◯ Yes ◯ No		☐
➲	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 ◯ No		☐
	Copy of NEPDA Permit	◯ Yes ◯ No		☐
	Copy/Proof of Municipal Planning Approval (ORMCA, general)	◯ Yes ◯ No		☐
	Municipal Zoning Confirmation Letter	◯ Yes ◯ No		☐
	Zoning map	◯ Yes ◯ No		☐
	Conservation Authority Clearance	◯ Yes ◯ No		☐
	Director's approval for Policy 2 Deviation	◯ Yes ◯ No		☐
➲	Application Fee	◯ Yes ◯ No		☐

Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)
A copy of this application has been sent to the Ministry Local District Office	◯ Yes ◯ No		☐
Explanation for confidentiality	◯ Yes ◯ No		☐
Other (please describe):	◯ Yes ◯ No		☐

6.2 Air

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 ◯ No		☐
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 ◯ No		☐
Copies of forms requesting O. Reg. 419/05 instruments and supporting documentation	◯ Yes ◯ No		☐
Other (please describe):	◯ Yes ◯ No		☐

6.3 Noise and Vibration

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

Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)
Noise Abatement Action Plan	○ Yes ○ No		☐
Other (please describe):	○ Yes ○ No		☐

6.4 Sewage

Signed Municipal Responsibility Agreement	○ Yes ○ No		☐
Detailed description of the proposed activities/works	○ Yes ○ No		☐
Notice of Completion for the Environmental Study Report (ESR)	○ Yes ○ No		☐
Design Brief	○ Yes ○ No		☐
Preliminary Engineering Report	○ Yes ○ No		☐
Final Plans	○ Yes ○ No		☐
Engineering Drawings and Specifications	○ Yes ○ No		☐
Sewage quantity and quality characteristics	○ Yes ○ No		☐
Stormwater Management Report	○ Yes ○ No		☐
Stormwater Management Plan	○ Yes ○ No		☐
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			
1. Engineer's Report	○ Yes ○ No		☐
2. Declarations	○ Yes ○ No		☐
Pipe Design Data Form	○ Yes ○ No		☐
Other (please describe):	○ Yes ○ No		☐

Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)
6.5 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		☐
Waste 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		☐
6.6 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		☐
Copy of the Liability Insurance for all vehicles for which insurance is required	○ Yes ○ No		☐
Copy of BUC recommendation	○ Yes ○ No		☐
Copy of the storage tank design	○ Yes ○ No		☐
Copy of commercial vehicle licence	○ Yes ○ No		☐
Description of the physical location where the vehicles transporting biomwedical waste are being disinfected	○ Yes ○ No		☐
Drivers Training Manual (for PCB/Biomedical Waste)	○ Yes ○ No		☐
A copy of the applicant's Operation Plan including detailed packaging and biomedical waste handling methods	○ Yes ○ No		☐
Contingency and Emergency Procedures Plan (for PCB/ Biomedical Waste/Hauled Sewage (Septage))	○ Yes ○ No		☐
Other (please describe):	○ Yes ○ No		☐

Attachment	Attached	If no, provide explanation, (include referenced attachment if more space is required for rationale)	Confidential* (√)

☑ 6.7 Mobile Waste Processing ☐ N/A

Design and Operations Report – Mobile Waste Processing of General Waste	○ Yes ○ No		☐
Design and Operations Report – Mobile Waste Processing of Liquid Waste	○ Yes ○ No		☐
Other (please describe):	○ Yes ○ No		☐

☑ 6.8 Cleanup of Contaminated Sites ☐ N/A

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

☑ 6.9 Other Attachments ☐ N/A

Title	Reference	Confidential* (√)
		☐
		☐
		☐
Are you attaching an additional list of attachments? ○ Yes ◉ 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, 135 St. Clair Avenue West, 1st Floor, Toronto ON M4V 1P5; 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.

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		
$	☐ Certified Cheque	☐ Money Order	
	☐ VISA	☐ MasterCard	☐ 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.

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