

# APPLICATION FOR APPROVAL

<b>OFFICE USE ONLY</b>		Application #
Date Rec'd (yyyy/mm/dd)	Ext. Ref. #	NSE File #
Total Fees Due	Fees Paid	Paid in Full    Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt #	Water Auth. # (Div. 1 only)	

The non-refundable application fee is for processing the application. Receipt of the fee will not imply an approval or guarantee an approval will be given

**Nova Scotia Environment will only collect, use, and disclose personal information in keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act (FOIPOP).**

**PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 that are applicable to the specific activities of this application only.**

Type of Application:			
New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>	Transfer <input type="checkbox"/>
If applicable, provide the previous Approval # _____			

## SECTION 1 - OWNER

**If there is more than one owner, please indicate who will be the primary applicant for this project and attach a complete list of owners.**

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home (    )	Business (    )	Ext.    Other (    )    Ext.
Fax (    )	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

## SECTION 2 - APPLICATION CONTACT

**Is the Application Contact the same as Section 1 - Owner?    Yes     No     If yes, please skip to Section 3.**

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home (    )	Business (    )	Ext.    Other (    )    Ext.
Fax (    )	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

### SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at Service Nova Scotia and Municipal Relations.  
 1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment.

Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

### SECTION 4 - ACTIVITY

<b>Proposed Activity - Please check (✓) all that apply.</b>			
<b>Activity</b>	<b>Complete Sections</b>	<b>Activity</b>	<b>Complete Sections</b>
<b>Septage Works:</b>			
Treatment and Disposal	<input type="checkbox"/> 4, 5 A, 5B, 6A, 7		
<b>Sewage Works:</b>			
Collection & Pumping Application	<input type="checkbox"/> 4, 5A, 5C, 6A, 7	Storage	<input type="checkbox"/> 4, 5A, 5C, 6A, 7
Collection & Pumping Notification	<input type="checkbox"/> 4, 5A, 5C, 6A, 7	Treatment	<input type="checkbox"/> 4, 5A, 5C, 6A, 7
Outfalls	<input type="checkbox"/> 4, 5A, 5C, 6A, 7		
<b>Solid Waste:</b>			
Composting Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7	Municipal Solid Waste Ashfill	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7
Construction & Demolition Debris Disposal Site	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7	Municipal Solid Waste Landfill	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7
Energy from Waste Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7	Waste Storage Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7
Front End Mixed Waste Processing Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7	Waste Transfer Station	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7
Household Hazardous Waste Depot	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7		
Manufacturing Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7		
Mixed Waste Material Recovery Facility	<input type="checkbox"/> 4, 5A, 5D, 6A, 6B, 7		
<b>Storm Drainage Works:</b>			
Collection & Pumping Application	<input type="checkbox"/> 4, 5A, 5E, 6A, 7	Storage	<input type="checkbox"/> 4, 5A, 5E, 6A, 7
Collection & Pumping Notification	<input type="checkbox"/> 4, 5A, 5E, 6A, 7	Treatment	<input type="checkbox"/> 4, 5A, 5E, 6A, 7
Outfalls	<input type="checkbox"/> 4, 5A, 5E, 6A, 7		
<b>Water Works:</b>			
Water Distribution Application	<input type="checkbox"/> 4, 5A, 5F, 6A, 7	Water Supply	<input type="checkbox"/> 4, 5A, 5F, 6A, 7
Water Distribution Notification	<input type="checkbox"/> 4, 5A, 5F, 6A, 7	Water Treatment	<input type="checkbox"/> 4, 5A, 5F, 6A, 7
Will this Activity employ a new technology?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify.			
Proposed Project Dates, if applicable (yyyy/mm/dd)			
Start Construction Date	Start Operations	End/Closure Date	

### SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide all information requested in metric units indicated.

<b>5A - Complete for ALL Applications</b>	
Communities or Locations Served	
Number of Persons Served after Project Completion	
This is a	New Facility <input type="checkbox"/> <b>OR</b> Modification to an existing Facility <input type="checkbox"/>

<b>5B - Complete only for Septage Works</b>	
Type of Treatment Facility	Lagoon <input type="checkbox"/> <b>AND/OR</b> Land Application <input type="checkbox"/> <b>AND/OR</b> Other <input type="checkbox"/>
If Other, please specify.	
Depth to Maximum Groundwater Level (metres)	Depth to Bedrock (metres)
Distance to nearest Public Well (within 500 metres)	Distance to nearest Dwellings (within 500 metres)

<b>5C - Complete only for Sewage Works</b>			
Type of Treatment Facility	Lagoon <input type="checkbox"/>	Oxidation Ditch <input type="checkbox"/>	Intermittent Sand Filtration <input type="checkbox"/>
	RBC <input type="checkbox"/>	SBR <input type="checkbox"/>	Engineered Wetland <input type="checkbox"/>
If Other, please specify.			
Has a Pre-design Study or a Pollution Control Study been completed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If this is a sewage treatment plant, please provide the following:			
Distance to the nearest well (metres)		Distance to the nearest dwelling (metres)	
If there is an outfall, what is the receiving watercourse?			
Type of Disinfection	Chlorination <input type="checkbox"/>	UV <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, please specify.		If chlorination will be used, will de-chlorination be provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>5D - Complete only for Solid Waste</b>			
Type of Solid Waste Processing	Composting <input type="checkbox"/>	Construction & Demolition Debris <input type="checkbox"/>	Other <input type="checkbox"/>
	Landfill <input type="checkbox"/>	Municipal Solid Waste <input type="checkbox"/>	
If Other, please specify.			
What is the distance between the active area and the nearest:			
Residential/Institutional Building (metres)	_____	Public Water Supply (metres)	_____
Commercial/Industrial Building (metres)	_____	Off-site Well (metres)	_____
Highway or Common Road (metres)		Watercourse (metres)	

<b>5E - Complete only for Storm Drainage Works</b>	
What is the receiving watercourse?	

<b>5F - Complete only for Water Works</b>	
Water Authorization #	
Source of Water:	Groundwater <input type="checkbox"/> <b>OR</b> Surface Water <input type="checkbox"/>
If surface water, please specify.	

## SECTION 6 - SUPPORTING DOCUMENTATION TO ATTACH

All supporting documentation is to be submitted in accordance with the "Approvals Procedures Regulations." If applicable, the following documents must be submitted with this Application; however, additional information may be requested.

**Note** - A legend must be supplied for all mapping describing symbols used, scale and north orientation.

<b>6A - Attach for All Applications</b>	
	Copy of the property deed, lease or letter proving the applicant's legal right to conduct the activity on the site
	If applicable, certified copy of the article of the incorporation of the company
	Copies of all existing Approvals relating to the activity that have been issued by any agencies (including Municipal Approval)
	Site Plan (scaled drawing, minimum scale 1:2,000) including (but not limited to): - Property boundaries, contours of the site and adjacent properties - Location of all relevant industrial, commercial and residential structures - Location of nearby watercourses, wetlands, dwellings, wells, water supplies, public roads & highways
	Site Assessment evaluating potential impacts on wells, watercourses, roads, residences or other environmental or ecological features
	Predesign Study or Pollution Control Study

	Scaled engineering drawings, plans, and specifications that are stamped by a qualified N. S. Licensed professional engineer including (but not limited to): <ul style="list-style-type: none"> <li>- Plans &amp; drawings for structures &amp; equipment used to obtain satisfactory treatment of wastes.</li> <li>- Sufficient data to demonstrate the feasibility of a process to supply satisfactory treatment</li> <li>- Reports on the proposed treatment facilities indicating design capacities, flows, &amp; concentrations of wastes expected to be emitted to the environment</li> <li>- Calculations, factors, &amp; parameters used in the design.</li> </ul>
	Geotechnical Report
	Hydrogeological Report
	Description of the waste reduction, recycling, and environmental controls from the facility
	Operations Procedure & Maintenance Manual, including (but not limited to): <ul style="list-style-type: none"> <li>- Inspection &amp; monitoring procedures</li> </ul>
	Contingency plan, including (but not limited to): <ul style="list-style-type: none"> <li>- Scope of the plan (purpose, geographic area, and persons, groups, etc., that have responsibility)</li> <li>- Notification procedures (what is to be reported, when, to whom, internal &amp; external reporting procedures and a 24 hour telephone response number)</li> <li>- Notification list including names &amp; telephone numbers for all key internal response team personnel, telephone number for reporting environmental emergencies in N. S., relevant municipal/local telephone numbers (fire, police, ambulance, medical/hospital, clean-up contractors, etc.) And government assistance services such as CANUTEC</li> <li>- Identification of a response team leader and the role of the response team leader respecting decision making, focal point, report preparation and submission, etc.</li> <li>- Proposed containment and clean-up procedures</li> <li>- Proposed transportation procedures</li> <li>- Site restorations plan (in case of an accidental discharge) that will ensure that the area is rehabilitated to its pre-spill condition</li> <li>- Proposed disposal procedures</li> <li>- Available resources including manpower, contractors, treatment materials, expertise, communications, countermeasure equipment, etc.</li> <li>- Public relations including the identification of an individual who can speak on behalf of the approval holder</li> <li>- Incident reporting procedures and investigative follow-up procedures</li> </ul>
<b>6B - Attach for Solid Waste only</b>	
	Preliminary development of an abandonment or rehabilitation plan including a report outlining the requirements as per current Environment guidelines

***If information submitted is incomplete, or if supporting documentation is of poor quality (plans, maps, etc.), the application may be delayed, returned or rejected.***

### SECTION 7 - DECLARATION

Correspondence is to be returned to:	Owner	<input type="checkbox"/>	OR	Application Contact	<input type="checkbox"/>
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Owner's Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	

<b>OWNER'S AUTHORIZATION (If Correspondence Is to Be Returned to Application Contact)</b>	
If you are acting on behalf of the owner, you must:	
<ol style="list-style-type: none"> <li>1. Have the <b>Owner</b> sign above <u>or</u> Attach a letter of authorization from the <b>Owner</b> identified on Page 1, Section 1, of this application.</li> <li>2. Identify yourself as the <b>Application Contact</b> on Page 1, Section 2, of this application.</li> <li>3. Sign the declaration below.</li> </ol>	
I certify that I am acting with the owner's full consent.	
Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	