

For Office Use Only			
Reference Number	Payment Received \$	Date (y/m/d)	Initials

## General Information and Instructions



### General:

Information requested in this form is collected under the authority of the *Ontario Water Resources Act*, R.S.O. 1990 (OWRA) and the *Environmental Bill of Rights*, C. 28, Statutes of Ontario, 1993, (EBR) and will be used to evaluate applications for approval of industrial sewage works under Section 53 OWRA.

### Instructions:

- When completing this form, please refer to the "Guide for Applying for Approval of Industrial Sewage Works, Section 53, OWRA" (referred to as the Guide) and "Guide - Application Cost for Sewage works, S. 53, OWRA." Questions regarding completion and submission of the application should be directed to the Environmental Assessment & Approvals Branch, 2 St. Clair Avenue West, Floor 12A, Toronto, Ontario, M4V 1L5, telephone number 1-800-461-6290 or (416) 314-8001, or to your local District Office of the Ministry of the Environment.
- This form must be completed with respect to all the requirements of the Guide in order for it to be considered as an application for approval. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**
- A complete application consists of:
  - a completed and signed application form, including the attached "Costs for OWRA S. 53 Application - Supplement to Application for Approval";
  - all supporting information as requested by this form and by the Guide, and
  - a certified cheque or money order, in Canadian funds, made payable to the *Minister of Finance* for the applicable application fee.

The Ministry may require additional information during the technical review of any application accepted as complete.
- The original application, along with the supporting information and the application fee, must be sent to:
 

The Ministry of the Environment,  
Director, Environmental Assessment and Approvals Branch,  
2 St Clair Avenue West, Floor 12A, Toronto, Ontario M4V 1L5.

A copy of the application and the supporting information must be sent to the local Ministry District Office which has jurisdiction over the area where the facilities are located.
- Information contained in this application is not considered confidential and will be made available to the public upon request. Information submitted as supporting information may be claimed as confidential but will be subject to the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and *EBR*. If you do not claim confidentiality at the time of submitting the information, the Ministry may make the information available to the public without further notice to you.
- If the Client submits with the application a copy of their Master Business Licence (MBL) obtained from the Ministry of Government Services, the **shaded sections within this form do not need to be completed**. For additional information on the MBL please refer to the "Guide."

### 1. Client Information

Client Name <i>(legal name of individual or organization as evidenced by legal documents)</i>		Business Identification Number
Business Name <i>(the name under which the entity is operating or trading if different from the Client Name - also referred to as trade name)</i>		
Client Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> Individual <input type="checkbox"/> Municipal Government <input type="checkbox"/> Partnership <input type="checkbox"/> Provincial Government <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <i>(describe)</i> :	Activity Classification Code/Standard Industrial Classification Code <i>(if unknown please complete Business Activity Description)</i>	
Business Activity Description <i>(a narrative description of the business endeavour, this may include products sold, services provided or machinery/equipment used, etc.)</i>		
Is the client a MISA Discharger? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the industrial sector:	

**2. Client Physical Address - Complete A, C and D or B, C and D**

A. Civic Address - Street information (applies to an address that has civic numbering and street information - includes street number, name, type and direction)		Unit Identifier (identifies type of unit, such as suite & number)	
B. Survey Address (used for a rural location specified for a subdivided township, an unsubdivided township or unsurveyed territory)			
Lot and Conc.: used to indicate location within a subdivided township and consists of a lot number and a concession number.	Lot	Conc.	Part and Reference: used to indicate location within an unsubdivided township or unsurveyed territory, and consists of a part and a reference plan number indicating the location within that plan. Attach copy of the plan.
			Part Reference Plan
C. Municipality/Unorganized Township	County/District	Province/State	Country
			Postal Code
D. Telephone Number (including area code & extension)	Fax Number (including area code)	E-mail Address	

**3. Client Mailing Address - Complete A and C or B and C**

A. Civic Address - Street information (includes street number, name, type and direction)	<input type="checkbox"/> Same as Client Physical Address	Unit Identifier (identifies type of unit, such as suite & number)
B. Delivery Designator:	Delivery Identifier (a number identifying a Rural Route, Suburban Service or Mobile Route delivery mode)	
<input type="checkbox"/> Rural Route	<input type="checkbox"/> Suburban Service	<input type="checkbox"/> Mobile Route
<input type="checkbox"/> General Delivery		
C. Municipality	Postal Station	Province/State
		Country
		Postal Code

**4. Site Information - (location where activity/works applied for is to take place)**

Site Name	MOE District Office	Legal Description(attach copy of a legal survey)
A. Site Address - Street information (applies to an address that has civic numbering and street information - includes street number, name, type and direction)	<input type="checkbox"/> Same as Client Physical Address	Unit Identifier (identifies type of unit, such as suite & number)
B. Survey Address (used for a rural location specified for a subdivided township, an unsubdivided township or unsurveyed territory) NOTE: Do not complete "B" if you completed "A."		
Lot and Conc.: used to indicate location within a subdivided township and consists of a lot number and a concession number.	Lot	Conc.
		Part and Reference: used to indicate location within an unsubdivided township or unsurveyed territory, and consists of a part and a reference plan number indicating the location within that plan. Attach copy of the plan.
		Part Reference Plan
Non Address Information (includes any additional information to clarify clients' physical location)		
Geo Reference Map Datum	Zone	Accuracy Estimate
		Geo Referencing Method
		UTM Easting
		UTM Northing
Municipality/Unorganized Township	County/District	Postal Code
Adjacent Land Use	Is the Site located in an area of development control as defined by the Niagara Escarpment Planning & Development Act (NEPDA)?	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Recreational
<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Other(specify): _____
	<input type="checkbox"/> Yes (If Yes, attach copy of NEPDA permit for the proposed activity/work)	<input type="checkbox"/> No
Is the Client the operating authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, attach the operating authority name, address and phone number.	Is the Client the owner of the land (site)?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	If No, attach the owner's name, address and consent for the installation and operation of the facilities.	
Is the Site located on the Oak Ridges Moraine Conservation Area as defined by the Oak Ridges Moraine Conservation Plan (ORMCP), a regulation made under the Oak Ridges Moraine Conservation Act (ORMCA)?		
<input type="checkbox"/> Yes (If yes please attach proof of Municipal planning approval for the proposed activity/work)		
<input type="checkbox"/> No		

**5. Project Technical Information Contact - Complete A, B, D and E or A, C, D, and E**

A. Name _____ Company _____		<input type="checkbox"/> Same as Client Name
Contact Address B. Civic Address - Street information (includes street number, name, type and direction)		<input type="checkbox"/> Same as Client Mailing Address Unit Identifier (identifies type of unit, such as suite & number)
C. Delivery Designator: <input type="checkbox"/> Rural Route <input type="checkbox"/> Suburban Service <input type="checkbox"/> Mobile Route <input type="checkbox"/> General Delivery		Delivery Identifier (a number identifying a Rural Route, Suburban Service or Mobile Route delivery mode)
D. Municipality _____	Postal Station _____	Province/State _____ Country _____ Postal Code _____
E. Telephone Number (including area code & extension) _____	Fax Number (including area code) _____	E-mail Address _____

**6. Project Information**

Type of Application: <input type="checkbox"/> New Certificate of Approval <input type="checkbox"/> Amendment to current Certificate of Approval	Current Certificate of Approval Number _____	Date of Issue (y/m/d) _____
Project Description Summary (If EBR is applicable, this summary will be used in the EBR posting notice)		
Project Name (Project identifier to be used as a reference in correspondence)	Receiver of Effluent Discharge _____	Watershed Name _____
Project Schedule		
Estimated date for start of construction/installation _____	Estimated date for start of operation _____	

**7. Other Approvals / Permits**

List all other environmental approvals/permits applied for related to this project or received in relation to this project under the *Environmental Protection Act* (discharges to air, waste management, etc.) and the *Ontario Water Resources Act* (water works).


**8. Public Consultation/Notification**

Specify all public consultation/notification (such as public hearings, notification of First Nations, etc.) related to the project that has been completed or is in the process of being completed.


**9. Environmental Bill of Rights Requirements**

Is this a proposal for a Prescribed instrument under EBR?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," is it excepted from public participation?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If it is excepted from public participation provide reason:  <input type="checkbox"/> Equivalent Public Participation <input type="checkbox"/> Environmentally Insignificant Amendment or Revocation <input type="checkbox"/> Emergency <input type="checkbox"/> EAA or Tribunal Decision
Documentation in support of the above noted exception must be provided (refer to "Guide")		

**10. Supporting Information Checklist - This is a list of all supporting information to this application and is subject to the FOIPPA and EBR**

Supporting information	Attached		Reference	Can be disclosed	
General					
Pre-application consultation record	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Legal Name of Client	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of NEPDA Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name, Address and Phone Number of the Operating Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name, Address and consent of land/site owner for the installation/construction and operation of the works/facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation in support of EBR Public Participation Exception	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Public Consultation/Notification	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Assurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical					
Description of the Industrial Processes (sources of sewage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sewage Quantity and Quality Characteristics	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detailed Description of the Proposed Works	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design Brief/Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydraulic and Process Calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process Sludge Handling Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process /Effluent Monitoring Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engineering Drawings and Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental Impact Analysis (surface water)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental Impact Analysis (ground water)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental Impact Analysis (odour and noise)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Effluent Criteria Accepted by Regional Office of the Ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site and Soil Assessment Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stormwater Management Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Attached Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**11. Payment Information**

Amount Enclosed: <b>\$</b> _____ <i>Please attach completed "Costs for EPA s.53 Applications – Supplement to Application for Approval" (PIBS 4107).</i>		
Method of Payment <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Credit Card Information (if paying by VISA, MasterCard or American Express)*		
Name on Card (please print)	Credit Card Number	Expiry Date (mm/yy)
Cardholder Signature	Date (y/m/d)	

\*NOTE: credit card accepted for payments UNDER \$10,000.00 only.

**12. Statement of Client**

I, the undersigned hereby declare that, to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete and accurate in every way and that the Project Technical Information Contact identified in section 5 of this form is authorized to act on my behalf for the purpose of obtaining approval under Section 53 of the OWRA for the sewage works identified herein.

Name (please print)	Title
Signature	Date (y/m/d)