

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 *Environmental Protection Act*, R.S.O. 1990 (EPA) and will be used to evaluate applications for approval of waste management systems under Section 27, EPA.

**Instructions:**

- When completing this form, please refer to the "Guide for Applying for Approval of Waste Management Systems, Section 27, EPA" and "Guide - Application Cost for Waste Management, Section 27" (referred to as the Guide). 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 requirements identified in 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 EPA S. 27 Applications - Supplement to the Application for Approval";
  - all required supporting information identified in this form and 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). 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 (Owner of works/facility)**

Client Name (legal name of individual or organization as evidenced by legal documents)		Business Identification Number
Business Name (the name under which the entity is operating or trading if different from the Client Name - also referred to as trade name)		
Client Type:	Activity Classification Code/Standard Industrial Classification Code (if unknown please complete Business Activity Description)	
Corporation	Federal Government	
Individual	Municipal Government	
Partnership	Provincial Government	
Sole Proprietor	Other (describe):	
Business Activity Description (a narrative description of the business endeavour, this may include products sold, services provided or machinery/equipment used, etc.)		

**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: <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)			
C. Municipality	Postal Station	Province/State	Country	Postal Code	

**4. Site Information - (location where vehicles are stored)**

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 Client the operating authority?		Is the Client the owner of the land (site)?	
<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 <input type="checkbox"/> No If No, attach the operating authority name, address and phone number.		<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		<input type="checkbox"/> Same as Client Mailing Address		Unit Identifier (identifies type of unit, such as suite & number)	
B. Civic Address - Street information (includes street number, name, type and direction)					
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:	Current Certificate of Approval Number	Date of Issue (y/m/d)
<input type="checkbox"/> New Certificate of Approval <input type="checkbox"/> Amendment to current Certificate of Approval		
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)		

**7. Non-Subject Waste (not applicable for subject waste applications)**

<input type="checkbox"/> Domestic
<input type="checkbox"/> Commercial: <input type="radio"/> Dewatered catch basin clean-out material <input type="radio"/> Grease trap waste <input type="radio"/> Waste wash water <input type="radio"/> Other (specify type(s))
<input type="checkbox"/> Non-hazardous Solid Industrial: <input type="radio"/> Asbestos Waste in bulk <input type="radio"/> Contaminated soil <input type="radio"/> Spill clean up material <input type="radio"/> Other (specify type(s))
<input type="checkbox"/> Hauled (septage) Sewage
<input type="checkbox"/> Processed Organic Waste (biosolids)

**8. Processed Organic Waste Source (processed organic waste applications only) - Complete A, B, C, E, and F or A, B, D, E, and F**

A. Estimated Volume Handled on an annual basis	
tonnes	cubic metres
B. Plant/Facility Name	Plant/Facility Owner
Plant/Facility Type	
C. 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)
D. 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.	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.
E. Municipality/Unorganized Township	County/District
Province/State	Country
F. Telephone Number (including area code & extension)	Fax Number (including area code)
E-mail Address	

**9. Method of System Operation (processed organic waste applications only)**

Frequency of Pickup	Loading Procedures
Spreading Methods	Storage Facilities (tanks, lagoons etc . . . )

**10. Subject Waste (subject waste applications only)**

List all waste classes transported for each category of subject waste (see Ontario Waste Classes - this information must be completed for Subject Waste Transportation)			
Non-Hazardous Liquid Industrial		Hazardous Liquid	
Name	Class	Name	Class
Name	Class	Name	Class
Hazardous Solid		Other (specify type):	
Name	Class	Name	Class
Name	Class	Name	Class
All current and future drivers will be trained in accordance with Regulation 347 and all pertinent environmental legislation.			<input type="checkbox"/> Yes
Each vehicle used to transport a specific subject waste class is suitable for that waste transportation in order to preserve the health and safety of the public and the natural environment.			<input type="checkbox"/> Yes
A minimum of \$1,000,000.00 liability insurance has been obtained for all vehicles used to transport subject waste			<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes
List or describe additional insurances, for example, environmental impairment liability insurance.			<input type="checkbox"/> Not Applicable

**NOTE: For transporters of pathological waste and PCB's (waste classes 243 & 312) Operations Manual and Driver Training Manual must also be attached, and Financial Assurance must be provided.**

**11. Disposal Sites Information** (not applicable to processed organic waste and hauled sewage applications)

<input type="checkbox"/> Any Ontario site approved by the Ministry of the Environment	<input type="checkbox"/> Sites approved by a regulatory agency outside Ontario (specify Province/State)
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**12. Vehicle Information**

List all vehicles and equipment to be used in the operation of the Waste Management System

Year	Make	Model	Serial Number	Licence Plate Number	Province/State

Are all vehicles owned by the client?  Yes  No (provide details on ownership arrangements)

Type of Spreading Equipment (hauled sewage and processed organic waste applications only)

Type	Description

**13. Emergency Procedures**


**14. Other Approvals** (hauled sewage and processed organic waste applications only)

List the Certificate of Approval number(s) for the disposal sites associated with the proposed waste management system. (If available at the time of the application)


**15. Supporting Information Checklist** - This is a list of all supporting information to this application and is subject to the FOI/POPA.

Supporting information	Attached	Reference	Can be disclosed
Proof of Legal Name of Client	<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
Drivers Training Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Operations Manual	<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
Confirmation of Liability Insurance (\$1,000,000.00 minimum)	<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

**16. Payment Information**

Amount Enclosed: \$ \_\_\_\_\_ Please attach completed "Costs for EPA s.27 Applications – Supplement to Application for Approval" (PIBS 4186).

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 (m/y) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date (y/m/d) \_\_\_\_\_

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

**17. 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 item 5 of this form is authorized to act on my behalf for the purpose of obtaining approval under Section 27 of the EPA for the waste management system identified herein.

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