

Application for Approval

Division 3 – Municipal



Office Use Only

Date Received: (yyyy/mm/dd) _____ Application # _____

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 ☐ Renewal ☐ Amendment ☐ Transfer

If applicable, provide the previous Approval # _____

Section 1 Applicant

If there is more than one applicant, the first applicant listed will be considered the primary applicant for this project. Attach a complete list of applicants with the information below.

Company/organization/municipality _____ Business number (BN) (if applicable) _____

First name _____ Middle initial _____ Last name _____

Primary phone number _____ Ext. _____ Secondary phone number _____ Ext. _____ Fax _____

E-mail _____

Civic/street address _____

Mailing address (if different than Civic) _____

Community _____ County _____ Province _____ Postal code _____ Country _____

Note: Following application decision, all correspondence will go to the applicant

Preferred method of contact? ☐ Email ☐ Paper

Applicant type (if applicable): ☐ Municipality ☐ Recognized Agent ☐ Professional Engineer
☐ Other If other, specify _____

Certification number _____

Section 2 Application Contact

Is the Application Contact the same as Section 1 Applicant? ☐ Yes ☐ No

If yes, skip to Section 3.

If there is more than one contact, attach a complete list of contacts with the information below.

Company/organization/municipality	Business number (BN) (if applicable)
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First name	Middle initial	Last name
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Primary phone number	Ext.	Secondary phone number	Ext.	Fax
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E-mail

Civic/street address

Mailing address (if different than Civic)

Community	County	Province	Postal code	Country
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Note: Following application decision, all correspondence will go to the applicant

Preferred method of contact? ☐ Email ☐ Paper

Contact type (if applicable): ☐ Recognized Agent ☐ Professional Engineer
☐ Other If other, specify _____

Certification number _____

Section 3 Site/Location of Proposed Activities

Property Identification numbers (PID) are available at the Nova Scotia Land Registry. 1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment offices.

If more than one Site, copy this section and attach for each Site.

Site name

For each property associated with this site, fill out the information below. If the activity/facility covers more than one property, copy and attach the additional information

Civic/street address

Lot number

Community

County

Property identification number(s) (PID)

Topographical map number (if applicable) Easting (6) (if applicable) Northing (7) (if applicable) Zone
Use NAD83 or WGS84

If there are multiple point locations associated with this activity, provide the Easting and Northing Information for each.

Easting (6) (if applicable) Northing (7) (if applicable) Easting (6) (if applicable) Northing (7) (if applicable)

Easting (6) (if applicable) Northing (7) (if applicable) Easting (6) (if applicable) Northing (7) (if applicable)

Easting (6) (if applicable) Northing (7) (if applicable) Easting (6) (if applicable) Northing (7) (if applicable)

Additional directions to site (if applicable)

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Section 4 Activity

Proposed Activity Check (✓) all that apply.

Activity	Complete Sections
Septage Works	
Treatment and Disposal	<input type="checkbox"/> 5A, 5B, 6A, 6B
Sewage Works	
Collection and Pumping Application	<input type="checkbox"/> 5B, 6A, 6B
Outfalls	<input type="checkbox"/> 5C, 6A, 6B
Storage	<input type="checkbox"/> 5D, 6A, 6B
Treatment	<input type="checkbox"/> 5E, 6A, 6B
Solid Waste	
Composting Facility	<input type="checkbox"/> 5F, 6A, 6B
Construction and Demolition Facility	<input type="checkbox"/> 5F, 6A, 6B
Energy from Waste Facility	<input type="checkbox"/> 5F, 6A, 6B
Front End Mixed Waste Processing Facility	<input type="checkbox"/> 5F, 6A, 6B
Household Hazardous Waste Depot	<input type="checkbox"/> 5F, 6A, 6B
Manufacturing Facility	<input type="checkbox"/> 5F, 6A, 6B
Mixed Waste Material Recovery Facility	<input type="checkbox"/> 5F, 6A, 6B
Municipal Solid Waste Ashfill	<input type="checkbox"/> 5F, 6A, 6B
Municipal Solid Waste Landfill	<input type="checkbox"/> 5F, 6A, 6B
Municipal Solid Waste Transfer Facility	<input type="checkbox"/> 5F, 6A, 6B
Storm Drainage Works	
Collection and Pumping Application	<input type="checkbox"/> 5G, 6A, 6B
Outfalls	<input type="checkbox"/> 5H, 6A, 6B
Storage	<input type="checkbox"/> 5H, 6A, 6B
Treatment	<input type="checkbox"/> 5I, 6A, 6B
Water Works	
Water Distribution Application	<input type="checkbox"/> 5J, 6A, 6B
Water Treatment	<input type="checkbox"/> 5K, 6A, 6B

Variance requested? ☐ Yes ☐ No If yes, fill out a request for variance form.

Section 5 Activity Details

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

5A Septage Works

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

This facility is: ☐ New **OR** ☐ a Modification to an existing facility

Type of treatment: ☐ Lagoon ☐ Land Application
☐ Other If other, specify _____

Ground monitoring required? ☐ Yes ☐ No

Depth to maximum groundwater level (meters) _____ Depth to bedrock (meters) _____

Distance to nearest public well (meters) _____ Distance of nearest dwelling (meters) _____

Communities served _____

5B Sewage Works – Collection and Pumping Application

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

Line construction: ☐ New ☐ Repair ☐ Replacement

Communities served _____

5C Only for Sewage Works Outfalls

Proposed start date: _____
Construction (yyyy/mm/dd)

Number of persons served after project completion _____

New facility? ☐ Yes ☐ No

Outfall receiving watercourse _____

Communities served _____

5D Only for Sewage Works Storage

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

New facility? ☐ Yes ☐ No

Communities served _____

5E Only for Sewage Works Treatment

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

New facility? ☐ Yes ☐ No

Facility design flow (m³/d) _____ Method of bypass detection _____

Pre-design study completed? ☐ Yes ☐ No

Annual average daily volume (m³/d) _____ Hydraulic retention times (days) _____

Type of treatment facility: ☐ Conventional Activated Sludge ☐ Engineered Wetland
☐ Extended Aeration ☐ Intermittent Sand Filtration
☐ Lagoon ☐ Oxidation Ditch
☐ RBC ☐ SBR
☐ Other If other, specify _____

Wastewater treatment classification _____ Wastewater collection classification _____

Outfall receiving watercourse _____

Type of disinfection: ☐ Chlorination ☐ UV ☐ Other If other, specify _____

De-Chlorination provided? ☐ Yes ☐ No

Communities served _____

5F All Solid Waste Applications

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

New facility? ☐ Yes ☐ No

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Distance to nearest (meters):

Foundation of off-site structure _____ Property line _____

Source water protection area or provincial designated protected water area _____

Offsite well _____ Watercourse, wetland, or marine water body _____

Construction and Demolition only Check (✓) all that apply.

☐ Disposal ☐ Storage, Transfer and Processing

5G Storm Drainage Works – Collection and Pumping

Proposed start date: _____
Construction (yyyy/mm/dd)

Number of persons served after project completion _____

Line construction: ☐ New ☐ Repair ☐ Replacement

Communities served _____

5H Storm Drainage Works Outfalls and Storage

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

Line construction: ☐ New ☐ Repair ☐ Replacement

Receiving watercourse _____

Communities served _____

5I Storm Drainage Works Treatment

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

New facility? ☐ Yes ☐ No

Receiving watercourse _____

Communities served _____

5J Water Works – Water Distribution Application

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

Distribution Line Construction: ☐ New ☐ Repair ☐ Replacement

Are chlorine booster stations utilized? ☐ Yes ☐ No

Water distribution classification _____

Source water provided by another municipality? ☐ Yes ☐ No

Source water name _____

Approval number of water treatment facility _____

Water Treatment Type

Chemical addition ☐ Yes ☐ No Secondary disinfection ☐ Yes ☐ No

Chemical Addition

PH adjustment (lime-soda ash, etc.) ☐ Yes ☐ No Specify _____

Stability or corrosion control additive ☐ Yes ☐ No Specify _____

Other ☐ Yes ☐ No Specify _____

Secondary Disinfection Information

Free Chlorine (Sodium Hypochlorite) ☐ Yes ☐ No Free Chlorine (Gas) ☐ Yes ☐ No

Free Chlorine (Calcium Hypochlorite) ☐ Yes ☐ No Chloramines ☐ Yes ☐ No

Number of secondary disinfection units _____

Storage Details

Number of distribution storage units _____ Volume of distribution storage unit(s) (litres) _____

Continuous monitoring of chlorine residual leaving storage structure? ☐ Yes ☐ No

Compliance with Standard

Meets current standard at time of application ☐ Yes ☐ No

Sections of standard where non-compliant _____

Communities served _____

5K Water Works – Water Treatment

Proposed start date: _____
Construction (yyyy/mm/dd) Operations (yyyy/mm/dd)

Number of persons served after project completion _____

New facility? ☐ Yes ☐ No

System distribution volumes (litres/day) _____ Rated flow capacity of the plant (litres/day) _____

Water treatment classification _____ Water distribution classification _____

Source water type _____ Source water name _____

Groundwater only

Groundwater type: ☐ GUDI High Risk ☐ GUDI Medium Risk
☐ Secure Groundwater ☐ Unknown Pending GUIDI Assessment

Groundwater contains radionuclides? ☐ Yes ☐ No

Source water exceeds MAC, IMAX, AO or OG? ☐ Yes ☐ No

If yes specify _____

Water withdrawal approval number _____ Well log number: _____

Is there a source water protection plan? ☐ Yes ☐ No

Natural filtration log removal credit awarded? ☐ Yes ☐ No

Water Treatment Type

 Check (✓) all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Raw water handling | <input type="checkbox"/> Raw water screening | <input type="checkbox"/> Low lift pump |
| <input type="checkbox"/> Chemical addition | <input type="checkbox"/> Rapid mixing | <input type="checkbox"/> Flocculation |
| <input type="checkbox"/> Clarification | <input type="checkbox"/> Filtration | <input type="checkbox"/> Primary disinfection |
| <input type="checkbox"/> Secondary disinfection | <input type="checkbox"/> Other treatment processes | <input type="checkbox"/> High lift pump |

Chemical Addition

Coagulation used ☐ Yes ☐ No Specify _____

Aluminium used as coagulant ☐ Yes ☐ No Specify _____

PH adjustment (lime-soda ash, etc.) ☐ Yes ☐ No Specify _____

Fluoridation ☐ Yes ☐ No Specify _____

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Stability or corrosion control additive ☐ Yes ☐ No Specify _____

Oxidizer (potassium, permanganate, chlorine, etc.) ☐ Yes ☐ No Specify _____

Clarification Information

☐ Sedimentation (plain, tube, plate) ☐ Contact adsorption ☐ Up flow clarification

☐ Other If other, specify _____

Filtration Information

☐ Multi-media conventional filtration

☐ Multi-media direct filtration

☐ Slow sand filtration

☐ Diatomaceous earth filtration

☐ Micro-filtration

☐ Ultra-filtration

☐ Other filtration Describe other filtration type _____

Is this a membrane filter? ☐ Yes ☐ No Number of Filtration Units _____

Meets redundancy requirements? ☐ Yes ☐ No Filter Cycles Required _____

Other Treatment Processes

Aeration ☐ Yes ☐ No

Air stripping ☐ Yes ☐ No

Ion exchange and softening ☐ Yes ☐ No

Reverse osmosis filtration ☐ Yes ☐ No

Nano-filtration ☐ Yes ☐ No

Cartridge/bag filters ☐ Yes ☐ No

Greensand filter ☐ Yes ☐ No

If other than listed above, specify _____

Primary Disinfection Information

Free Chlorine (Sodium Hypochlorite) ☐ Yes ☐ No Free Chlorine (Gas) ☐ Yes ☐ No

Free Chlorine (Calcium Hypochlorite) ☐ Yes ☐ No Chlorine Dioxide ☐ Yes ☐ No

Ultra Violet Light (UV) minimum dose 40 mj/cm² ☐ Yes ☐ No Ozone ☐ Yes ☐ No

Number of primary disinfection units _____ Meets redundancy requirements ☐ Yes ☐ No

CT parameters _____ Specify CT control point _____

Specify the baffling factor _____ IT parameters _____

Secondary Disinfection Information

Free Chlorine (Sodium Hypochlorite) ☐ Yes ☐ No Free Chlorine (Gas) ☐ Yes ☐ No

Free Chlorine (Calcium Hypochlorite) ☐ Yes ☐ No Chloramines ☐ Yes ☐ No

Number of secondary disinfection units _____

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Location of Backwash Discharge

Do you have a treatment process that requires backwash? ☐ Yes ☐ No

Municipal wastewater ☐ Yes ☐ No On-site sewage disposal system ☐ Yes ☐ No

Watercourse/wetland ☐ Yes ☐ No Watercourse Name _____

Other ☐ Yes ☐ No Other discharge location _____

Unknown ☐ Yes ☐ No

Residuals Management

Is a residual waste generated? ☐ Yes ☐ No

Does the facility have a residual management plan deemed acceptable by the department?
☐ Yes ☐ No

Backwash Discharge Details

Backwash water meets discharge limits for FAL ☐ Yes ☐ No

Other limit for Al _____ Other limit for suspended solids _____

Other limit for pH _____ Other limit for Cl residual _____

Backwash water meets municipal requirements ☐ Yes ☐ No

Solids management program summary _____

Unknown/limit exceeded ☐ Yes ☐ No

Storage Details

On-site storage capacity (litres) _____ Number of distribution storage units _____

Volume of distribution storage unit(s) (litres) _____

Backup Supply

Does the facility have a backup system? ☐ Yes ☐ No

Primary source of backup supply _____

Compliance with Standard

Meets current standard at time of application ☐ Yes ☐ No

Sections of standard where non-compliant _____

Communities served _____

Section 6 Supporting Documentation

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.

6A All Applications

Description	Submitted	Waiver Requested	Reason Waiver Requested
Proof of ownership/agreement/legal right to conduct activity on the site	<input type="checkbox"/>	<input type="checkbox"/>	
Site Plan or Survey (scaled drawing, minimum scale 1:2,000) including (but not limited to): <ul style="list-style-type: none"> • 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 and highways 	<input type="checkbox"/>	<input type="checkbox"/>	
Detailed plans/specifications 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"> • plans and drawings for structures and equipment used to obtain satisfactory treatment of wastes. • sufficient data to demonstrate the feasibility of a process to supply satisfactory treatment • reports on the proposed treatment facilities indicating design capacities, flows, and concentrations of wastes expected to be emitted to the environment • calculations, factors, and parameters used in the design 	<input type="checkbox"/>	<input type="checkbox"/>	
Detailed description of activity	<input type="checkbox"/>	<input type="checkbox"/>	

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Description	Submitted	Waiver Requested	Reason Waiver Requested
<p>Info required under checklists/guidelines/standards/policies</p> <ul style="list-style-type: none"> • Septage Works Guidelines for the Handling, Treatment, and Disposal of Septage, Guidelines for the Land Application and Storage of Biosolids in Nova Scotia • Sewage Works Atlantic Canada Wastewater Systems Guidelines • Solid Waste (Composting Facility) Composting facility Guidelines • Solid Waste (Construction and Demolition Storage, Transfer, Processing, or Disposal Facility) Solid Waste Management Facility Guidelines for Construction and Demolition Debris Storage, Transfer, Process, and Disposal • Solid Waste (Municipal Solid Waste Transfer Facility) Solid Waste Management Facility Guidelines for Municipal Waste Transfer • Solid Waste (Municipal Solid Waste Landfill) Municipal Solid Waste Landfill Guidelines, Guidelines for the Disposal of Contaminated Solids in Landfills) • Storm Drainage Works Storm Drainage Works Approval Policy • Water Works (Water Distribution) Atlantic Canada Guidelines for the Supply, Treatment, Distribution, and Operation of Drinking Water Systems • Water Works (Water Treatment) Atlantic Canada Guidelines for the Supply, Treatment, Distribution, and Operation of Drinking Water Systems, Treatment Standard for Municipal Surface Source Water Treatment Facilities, Treatment Standard for Municipal Groundwater Source Facilities, Guidelines for the Determination of Natural Filtration Log Removal Credit for Gardia) 	<input type="checkbox"/>	<input type="checkbox"/>	

6B Solid Waste (Construction and Demolition Debris Disposal Site)

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Proof of insurance (unless the applicant is a municipality, village, service commission or municipal body, as they are defined in the Municipal Government Act).	<input type="checkbox"/>	<input type="checkbox"/>	

Septage Works, Sewage Works (except for Outfalls) **and Solid Waste**

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Details of site suitability and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	

Sewage Works (Collection and Pumping and Outfalls only), **Storm Drainage Works, and Water Works**

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Substance descriptions and controls	<input type="checkbox"/>	<input type="checkbox"/>	

All except Septage Works, Sewage Works (Collection and Pumping), **Storm Drainage Works** (Collection and Pumping) **and Water Works** (Water Distribution)

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Explanation of substances released	<input type="checkbox"/>	<input type="checkbox"/>	

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All except Sewage Works (Collection and Pumping and Outfalls), **Solid Waste** (Energy From Waste Facility) **Storm Drainage Works and Water Works** (Water Distribution)

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Contingency plan, including (but not limited to): <ul style="list-style-type: none"> • scope of the plan (purpose, geographic area, and persons, groups, etc., that have responsibility) • notification procedures (what is to be reported, when, to whom, internal and external reporting procedures and a 24 hour telephone response number) • notification list including names and 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 • identification of a response team leader and the role of the response team leader respecting decision making, focal point, report preparation and submission, etc. • proposed containment and clean-up procedures • proposed transportation procedures • Site restorations plan (in case of an accidental discharge) that will ensure that the area is rehabilitated to its pre-spill condition • proposed disposal procedures • available resources including manpower, contractors, treatment materials, expertise, communications, countermeasure equipment, etc. • public relations including the identification of an individual who can speak on behalf of the approval holder • incident reporting procedures and investigative follow-up procedures 	<input type="checkbox"/>	<input type="checkbox"/>	

Sewage Works and Water Works (Water Distribution)

Description	Waiver		Reason Waiver Requested
	Submitted	Requested	
Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>	

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

Information in this application package which the applicant considers to be confidential business information should be clearly identified. Are you making this request? ☐ Yes ☐ No

If yes, indicate which information in the Supporting Documentation is considered confidential.

- ☐ I acknowledge it is an offense under Section 158 of the Environment Act to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the Environment Act and Regulations.

Select the option that applies to your situation. (Check (✓) only one)

- ☐ I own the site.
- ☐ I have a lease or other written agreement or option with the landowner or occupier that enables me to carry out the activity on the site.
- ☐ I have the legal right or ability to carry out the activity without the consent of the landowner or occupier.

Name (print or type)

Date: (yyyy/mm/dd)

Applicant's signature

OR

I certify that I am acting with the applicant's full consent.

Name (print or type)

Date: (yyyy/mm/dd)

Signature