



### SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 – Applicant?  Yes  No If yes, please skip to Section 3.  
If there is more than one contact, please attach a complete list of contacts 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

Contact Type  
 Recognized Agent  Professional Engineer  Other If Other, Please 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, please 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 # (PID)

Topographical Map Number

Grid Reference Easting (6)

Northing (7)

Zone

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

Additional Directions to Site (if applicable)

## SECTION 4 – ACTIVITY

Proposed Activity - Please check (✓) all that apply.

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

Is this a Pilot Activity?  Yes  No

Variance Requested?  Yes\*  No

\*If yes, please fill out a request for variance form

## SECTION 5 - ACTIVITY DETAILS

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

### 5A - Complete for **Septage Works**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

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

Type of Treatment Lagoon  Land Application  Other  If other please 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: \_\_\_\_\_

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### 5B - Complete for **Sewage Works – Collection & Pumping Application**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

Line Construction New  Repair  Replacement

Communities Served: \_\_\_\_\_

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### 5C - Complete only for **Sewage Works Outfalls**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

New Facility Yes  No

Outfall receiving watercourse \_\_\_\_\_

Communities Served: \_\_\_\_\_

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### 5D - Complete only for **Sewage Works Storage**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

New Facility Yes  No

Communities Served: \_\_\_\_\_

**5E - Complete only for Sewage Works Treatment**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

New Facility Yes  No

Facility design flow (m<sup>3</sup>/d) \_\_\_\_\_ Method of bypass detection: \_\_\_\_\_

Pre-design study Completed? Yes  No

Annual average daily volume (m<sup>3</sup>/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, please specify \_\_\_\_\_

Wastewater Treatment Classification \_\_\_\_\_ Wastewater Collection Classification \_\_\_\_\_

Outfall receiving watercourse: \_\_\_\_\_

Type of Disinfection Chlorination  UV  Other  If other, please specify: \_\_\_\_\_

De-Chlorination provided? Yes  No

Communities Served: \_\_\_\_\_

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**5F – Complete for all Solid Waste Applications**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

New Facility Yes  No

Distance to nearest residential building (meters) \_\_\_\_\_ Distance to nearest commercial building (meters) \_\_\_\_\_

Distance to nearest highway (meters) \_\_\_\_\_ Distance to nearest PDWS (meters) \_\_\_\_\_

Distance to nearest offsite well (meters) \_\_\_\_\_ Distance to nearest watercourse (meters) \_\_\_\_\_

Communities Served: \_\_\_\_\_

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**5G – Complete for Storm Drainage Works – Collection & Pumping – Application**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Number of persons served \_\_\_\_\_

Line Construction New  Repair  Replacement

Communities Served: \_\_\_\_\_

**5H - Complete for Storm Drainage Works Outfalls and Storage**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

Line Construction New  Repair  Replacement

Receiving Watercourse: \_\_\_\_\_

Communities Served: \_\_\_\_\_

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**5I – Complete for Storm Drainage Works Treatment**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Number of Persons Served after Project Completion \_\_\_\_\_

New Facility Yes  No

Receiving Watercourse \_\_\_\_\_

Communities Served: \_\_\_\_\_

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**5J – Complete for Water Works – Water Distribution Application**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of Operations (yyyy/mm/dd) \_\_\_\_\_

Proposed Start Date of 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**

Chemical Addition? Yes  No

PH Adjustment (lime-soda ash, etc.) Yes  No  Please specify \_\_\_\_\_  
Stability or Corrosion Control Additive? Yes  No  Please specify \_\_\_\_\_  
Other Yes  No  Please specify \_\_\_\_\_

**Secondary Disinfection Information**

Free Chlorine (Gas) Yes  No  Free Chlorine (Sodium Hypochlorite) 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 – Complete for Water Works – Water Treatment**

Proposed Start Date of Construction (yyyy/mm/dd) \_\_\_\_\_ Proposed Start Date of 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 \_\_\_\_\_

**For 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 please 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 (select all that apply)**

Raw Water Handling <input type="radio"/>	Raw Water Screening <input type="radio"/>	Low Lift Pump <input type="radio"/>	Chemical Addition <input type="radio"/>
Rapid Mixing <input type="radio"/>	Flocculation <input type="radio"/>	Clarification <input type="radio"/>	Filtration <input type="radio"/>
Primary Disinfection <input type="radio"/>	Secondary Disinfection <input type="radio"/>	Other Treatment Processes <input type="radio"/>	High Lift Pump <input type="radio"/>

**Chemical addition:**

Coagulation used? Yes  No

Aluminium used as coagulant? Yes  No  Please specify \_\_\_\_\_

PH Adjustment (lime-soda ash, etc.?) Yes  No  Please specify \_\_\_\_\_

Fluoridation? Yes  No  Please specify \_\_\_\_\_

Stability or Corrosion Control Additive? Yes  No  Please specify \_\_\_\_\_

Oxidizer (potassium, permanganate, chlorine, etc?) Yes  No  Please specify \_\_\_\_\_

**Clarification Information**

Sedimentation (plain, tube, plate)  Contact Adsorption  Up flow Clarification   
 Other  If other, please specify \_\_\_\_\_

**Filtration Information**

Multi-Media Conventional Filtration  Multi-Media Direct Filtration  Slow Sand Filtration   
 Diatomaceous Earth Filtration  Micro-Filtration  Ultra-Filtration   
 Other Filtration  Please 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, please specify \_\_\_\_\_

**Primary Disinfection Information**

Free Chlorine (Gas) Yes  No  Free Chlorine (Sodium Hypochlorite) Yes  No   
 Free Chlorine (Calcium Hypochlorite) Yes  No  Chlorine Dioxide Yes  No   
 Ozone Yes  No  Ultra Violet Light (UV) minimum dose 40 mj/cm2 Yes  No   
 Number of Primary Disinfection Units \_\_\_\_\_ Meets Redundancy Requirements Yes  No   
 CT Parameters \_\_\_\_\_ Please specify CT Control Point \_\_\_\_\_  
 Please specify the baffling factor \_\_\_\_\_ IT Parameters \_\_\_\_\_

**Secondary Disinfection Information**

Free Chlorine (Gas) Yes  No  Free Chlorine (Sodium Hypochlorite) Yes  No   
 Free Chlorine (Calcium Hypochlorite) Yes  No  Chloramines Yes  No   
 Number of Secondary Disinfection Units \_\_\_\_\_

**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  Other Yes  No   
 Watercourse Name \_\_\_\_\_ 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 AI \_\_\_\_\_ Other Limit for Suspended Solids \_\_\_\_\_ Other Limit for pH \_\_\_\_\_

Other Limit for CI 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.

Description	Submitted	Waiver Requested	Reason Waiver Requested
<b>6A – Attach for All Applications</b>			
Proof of Ownership/Agreement/Legal right to conduct Activity on the site	<input type="radio"/>	<input type="radio"/>	_____
Site Plan or Survey (scaled drawing, minimum scale 1:2,000) including (but not limited to):	<input type="radio"/>	<input type="radio"/>	_____
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			
Detailed Plans/Specifications	<input type="radio"/>	<input type="radio"/>	_____
Scaled engineering drawings, plans, and specifications that are stamped by a qualified N. S. licensed professional engineer including (but not limited to):			
Plans & drawings for structures & 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, & concentrations of wastes expected to be emitted to the environment			
Calculations, factors, & parameters used in the design.			
Detailed Description of Activity	<input type="radio"/>	<input type="radio"/>	_____
Info Required under Checklists/Guidelines/Standards/Policies	<input type="radio"/>	<input type="radio"/>	_____
For Septage Works: Guidelines for the Handling, Treatment, and Disposal of Septage, Guidelines for the Land Application and Storage of Biosolids in Nova Scotia			
For Sewage Works: Atlantic Canada Standards and Guidelines Manual for the Collection, Treatment and Storage of Sanitary Sewage			
Solid Waste (Composting Facility): Composting facility Guidelines			
Solid Waste (Construction & Demolition Debris Disposal Site): Construction & Demolition Debris Disposal Site Guidelines			
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)			
<b>6B - Attach for Solid Waste (Construction &amp; Demolition Debris Disposal Site)</b>			
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="radio"/>	<input type="radio"/>	_____
<b>Attach for Septage Works, Sewage Works (except for Outfalls) and Solid Waste</b>			
Details of Site Suitability and Sensitivity	<input type="radio"/>	<input type="radio"/>	_____
<b>Attach For Sewage Works (Collection and Pumping and Outfalls only), Storm Drainage Works, and Water Works</b>			
Substance Descriptions and Controls	<input type="radio"/>	<input type="radio"/>	_____

Description	Submitted	Waiver Requested	Reason Waiver Requested
<b>Attach for All <u>Except</u> Septage Works, Sewage Works (Collection and Pumping), Storm Drainage Works (Collection and Pumping) and Water Works (Water Distribution)</b>	○	○	_____
Explanation of Substances Released			
<b>Attach for all except Sewage Works (Collection and Pumping and Outfalls), Solid Waste (Energy From Waste Facility) Storm Drainage Works and Water Works (Water Distribution)</b>	○	○	_____
Contingency plan, including (but not limited to):			
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 & external reporting procedures and a 24 hour telephone response number)			
Notification list including names & 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			
<b>Attach for Sewage Works and Water Works (Water Distribution)</b>	○	○	_____
Operating Agreement			

**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, please 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.

**Please select the option that applies to your situation**

- 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

Applicant’s Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

Name (Please print or type): \_\_\_\_\_

**OR**

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

Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

Name (Please print or type): \_\_\_\_\_