

For Office Use Only			
Reference Number	Payment Received	Date (yyyy/mm/dd)	Initials
	\$		

General Information and Instructions

General:

Information requested in this form is collected under the authority of *Safe Drinking Water Act (SDWA)* and *Drinking-Water Systems Regulation (O.Reg. 170/03)* and will be used to evaluate applications for approval of municipal and non-municipal drinking-water systems as required by Sections 31, 36, 38, 52 and 60 of the SDWA..

Instructions:

- When completing this form, please refer to the "Guide for Applying for Approvals Related to Municipal and Non-Municipal Drinking-Water Systems" (referred to as the Guide) and Minister's Order for Drinking-Water Approval Fees. 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 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 this application form, and completed Supplement to Application for Approval – Form A: Determination of the Category of Drinking-Water System, Supplement to Application for Approval – Form B: Existing Drinking-Water System Information, and Supplement to Application for Approval – Form C: Cost for Part V SDWA Applications;
 - all required supporting information identified in this form and in the Guide; and
 - a certified cheque or money order, in Canadian funds, made payable to the Minister of Finance, or completed VISA or MasterCard section of this application form 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 works 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 License (MBL) obtained from the Ministry of Consumer and Commercial Relations, 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 the drinking-water system)

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 <i>(If unknown please complete Business Activity Description)</i>	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Federal Government <input type="checkbox"/> Municipal Government <input type="checkbox"/> Provincial Government <input type="checkbox"/> 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 of the drinking-water system)

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			
C. Non Address Information (Any additional information to clarify clients' physical location)					
D. Geo Reference					
Map Datum	Zone	Accuracy Estimate	Geo Referencing Method	UTM Easting	UTM Northing
E. Municipality/Unorganised Township		County/District		Postal Code	
F. Adjacent Land Use			G. 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"/> Yes (If Yes, attach copy of NEPDA permit for the proposed activity/work)		<input type="checkbox"/> No
<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Other(specify):			
H. Is the Client the operating authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			I. Is the Client the owner of the land (site)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, complete Table 1 of the Supplement to Application for Approval - Form B (if Form B not applicable, attach the operating authority's name, address and phone number)			If No, attach the owner's name, address and consent for the installation and operation of the facilities.		
J. Is the Site located within the Oak Ridges Moraine Conservation Area as defined by the Oak Ridges Moraine Conservation Plan - a regulation under the Oak Ridges Moraine Conservation Act (ORMCA)?					
<input type="checkbox"/> Yes (If Yes, attach proof of municipal planning approval for the activity)		<input type="checkbox"/> No			

5. Project Technical Information Contact (Complete A, B, D and E or A, C, D, and E)

A. Name (Surname, Given 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

6a. Drinking-Water System Category (Based on completed Supplement to Application for Approval - Form A)

<input type="checkbox"/> Large Municipal Residential Drinking-Water System	<input type="checkbox"/> Non-Municipal Year-Round Residential Drinking-Water System
<input type="checkbox"/> Small Municipal Residential Drinking-Water System	<input type="checkbox"/> Non-Municipal Seasonal Residential Drinking-Water System
<input type="checkbox"/> Large Municipal Non-Residential Drinking-Water System	<input type="checkbox"/> Large Non-Municipal Non-Residential Drinking-Water System
<input type="checkbox"/> Small Municipal Non-Residential Drinking-Water System	<input type="checkbox"/> Small Non-Municipal Non-Residential Drinking-Water System

6b. Drinking-Water System - Project Information

Type of Application:	Current Certificate of Approval		Transfer of Review
<input type="checkbox"/> New Certificate of Approval for a drinking-water system <input type="checkbox"/> Amendment to current Certificate of Approval for a drinking-water system <input type="checkbox"/> Certificate of Approval for Fragmentation (municipal system) <input type="checkbox"/> Director's Consent for Fragmentation (non-municipal system) <input type="checkbox"/> Revocation of Current Certificate of Approval	Certificate of Approval Number	Date of Issue (yyyy/mm/dd)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the application constitute or include a request for approval of relief from regulatory requirements? <input type="checkbox"/> Yes (If "Yes", indicate below the type of relief requested) <input type="checkbox"/> No			
<input type="checkbox"/> Relief from All Treatment Requirements (only for systems using ground water sources exclusively) <input type="checkbox"/> Other Regulatory Relief			
Project Description Summary (If application pertains to an existing drinking-water system, first complete Supplement to Application For Approval – Form B , and indicate here how this project would change that information)			
Receiver of Effluent Discharge (Discharge from water treatment plant backwash/residue management system)		Watershed Name	
Project Name (Project identifier to be used as a reference in correspondence)		Water Works Number (Provide if known)	
Project Schedule			
Estimated date for start of construction/installation (yyyy/mm/dd)		Estimated date for start of operation (yyyy/mm/dd)	

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* (sewage works, water taking), and the *Safe Drinking Water Act* (drinking-water systems).

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 - Not Applicable

10. Environmental Assessment Act (EAA) Requirements

The works for which this application is made have fulfilled all requirements of the EAA through the completion of:
 Municipal Class EA has been completed in accordance with the procedure set out in:
 Schedule A Schedule B Schedule C

The works are exempt from requirements of the EAA under:
 Section _____ of the Ontario Regulation No. _____ Exemption Order _____
If Regulation or Exemption Order does not refer directly to these works, state in covering letter or other document why it does apply to the works.

The works are proceeding in accordance with the Environmental Assessment Process Approval Notice specified below:

The works are not subject to the EAA for the reason specified below:

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

Supporting information	Attached		Reference	Can be disclosed	
General					
Form A: Determination of the Category of Drinking-Water System	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Form B: Existing Drinking-Water System Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Form C: Cost for Part V SDWA Applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 (Niagara Escarpment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ORMCA compliance documentation (Oak Ridges Moraine)	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of ground water sources used by this drinking water system	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of surface water sources used by this drinking water system	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical					
Detailed description of the proposed works	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental Study Report (ESR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preliminary engineering report	<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
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
Final plans and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source water quality analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrogeological Assessment for potential GUDI source	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatability Study	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrogeological report on ground water well development	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permit to Take Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process waste water/residue management program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment process monitoring program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrogeologist's assessment for relief under Sch.4 O.Reg. 170/03	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engineer's assessment for relief under Sch. 5 O.Reg. 170/03	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrogeologist's/Engineer's assessment for other regulatory relief	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engineer's assessment for fragmentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owner's report on user notification for fragmentation	<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

12. Application Fee

Category Code	Category Description	Amount	Quantity	Sub Total
Total Fee :				

Payment Information				Amount Enclosed:
Method of Payment: <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> VISA (max. \$10,000) <input type="checkbox"/> MasterCard (max. \$10,000)				
VISA/MasterCard Number:			Expiry Date: (mm/yy)	
Name of Cardholder (please print as it appears on the VISA/Mastercard):			Signature of Cardholder:	

13. 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 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 Sections 31, 36, 38, 52 and 60 of the SDWA for the drinking-water systems identified herein.

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

14. Statement of Municipality

I, the undersigned hereby declare on behalf of the Municipality, that the Municipality has no basic objection to the construction of the works in the Municipality.

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