

Loan Number:	PARCEL	SITE/LAND DESCRIPTIONS (ADD ADDITIONAL SHEET IF NECESSARY)
	1	
Customer Name:	2	
	3	
	4	

SECTION 1 : LICENSES, LEASES, PERMITS AND APPROVALS		
Leases (Including Site Lease)	Date	Copy Provided?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Licenses (Including Aquaculturist Certificate) and Other Permits	Last Renewal Date	Copy Provided?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: BUILDINGS AND OTHER IMPROVEMENTS	IF NONE, PROCEED TO SECTION 3
Do any of the following adversely affect any buildings or improvements?	
<input type="checkbox"/> Asbestos <input type="checkbox"/> Radon <input type="checkbox"/> Significant Weather Damage <input type="checkbox"/> Fire damage <input type="checkbox"/> UFFI (Insulation) <input type="checkbox"/> PCBs <input type="checkbox"/> Significant Rodent Damage <input type="checkbox"/> Mold	
Please describe particulars and your activity to prevent or limit damage or contamination:	

SECTION 3: UNDER AND ABOVE GROUND STORAGE TANKS (EXCLUDING SEPTIC)							IF NONE, PROCEED TO SECTION 4	
Above/Under Ground	Substance Stored	Number of Tanks	Tank Age	Tank Material	Capacity	Do you regularly test for leaks?	Last Test Date	
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Past or existing leaks or spills?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean-Up Report/ Remediation Certificate provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:								

SECTION 4: WASTE MANAGEMENT			
Do you produce, store or dispose of any of the following (including household wastes)			
<input type="checkbox"/> Fish/Shellfish Processing Waste <input type="checkbox"/> Abandoned Equipment or Vehicles <input type="checkbox"/> Petroleum Products	<input type="checkbox"/> Odours or Air Emissions <input type="checkbox"/> Noise	<input type="checkbox"/> Light <input type="checkbox"/> Noise	
Please describe your management and plan to prevent or limit pollution:			
Any disposal at sea?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Material? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Obtained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: CHEMICALS, MEDICINALS and WATER ADDITIVES				
Type of Chemical stored or used	Quantity	Containment	Chemical/Spent Container Disposal	Contingency or Emergency Plan
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: WATER AND WASTEWATER MANAGEMENT		
A. CHALLENGES AND ISSUES (PLEASE CHECK ANY THAT HAVE OCCURRED)		
<input type="checkbox"/> Contaminated Water (Any Source) <input type="checkbox"/> Increase in Suspended Solids <input type="checkbox"/> Invasive Species <input type="checkbox"/> Red Tide <input type="checkbox"/> Solid, Floating, Drifting Debris <input type="checkbox"/> Conflict With Other Water Users		
Please describe particulars and your activity to prevent or limit damage or contamination:		
Do you complete regular water quality testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the frequency?		
Do you use a water purification or deputation system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:		

B. DRINKING WATER

What is the source of your drinking water?	<input type="checkbox"/> Municipal water service	<input type="checkbox"/> Water Well	<input type="checkbox"/> Other
Do you test drinking water quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last test: _____
Has there ever been contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:			

C. SEPTIC SYSTEMS – IF NONE PROCEED TO SECTION 7

Type:	<input type="checkbox"/> Municipal sewer service	<input type="checkbox"/> Septic tank with drainage bed	<input type="checkbox"/> Other
	<input type="checkbox"/> Septic holding tank only		
Septic System approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has there ever been septic failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, has it been remedied? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:			
Any abandoned water wells on site?	<input type="checkbox"/> Yes (Number _____)	<input type="checkbox"/> No	Are wells capped? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: CAGE, NET AND PEN STRUCTURE AND MATERIAL

Type	Material	Size	Number of Fish/Shellfish	Meets Code or Standard of Containment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you complete under cage, net or pen sediment testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency? _____
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Please describe your Waste Collection and Mortality Management System:

Please describe your Escape Prevention /Recovery Plan or Inventory Control System:

Please describe the type of feeding system you use (hand, automated, demand) and your plan to manage waste feed:

SECTION 8: ENVIRONMENTAL RISK MANAGEMENT SYSTEMS (PLEASE CHECK THOSE THAT APPLY)

<input type="checkbox"/> HACCP	<input type="checkbox"/> Environmental Policy and Process	<input type="checkbox"/> Environmental Insurance (provide coverage)
<input type="checkbox"/> WHMIS	<input type="checkbox"/> Third Party Inspection and Monitoring	<input type="checkbox"/> Other (describe)
	<input type="checkbox"/> ISO Management System (or Equivalent)	

SECTION 9: ENDANGERED SPECIES, PROTECTED AREAS AND NEIGHBOURING PROPERTIES

A. CHECK ANY OF THE FOLLOWING REASONABLY IMPACTED BY YOUR OPERATION		
<input type="checkbox"/> Environmentally Protected Areas	<input type="checkbox"/> Rare or Endangered Species or Critical Habitat	<input type="checkbox"/> Migratory Birds

B. ARE NEIGHBOURING SITES ANY OF THE FOLLOWING?		
<input type="checkbox"/> Environmentally Protected or Sensitive Area	<input type="checkbox"/> National Park/Reserve	<input type="checkbox"/> Historic Canal
<input type="checkbox"/> Contaminated Site	<input type="checkbox"/> National Historic Site	<input type="checkbox"/> Aboriginal Lands

SECTION 10: ENVIRONMENTAL INVESTIGATIONS, REPORTS AND ISSUES

PLEASE CHECK THOSE COMPLETED, RECEIVED OR IN PROGRESS		
<input type="checkbox"/> Phase 1 Environmental Assessment	<input type="checkbox"/> Regulatory Compliance Audit	<input type="checkbox"/> Provincial Environmental Assessment
<input type="checkbox"/> Phase 2 Environmental Assessment	<input type="checkbox"/> Remediation Plan	<input type="checkbox"/> Federal Environmental Assessment
If Yes, what was date of report? _____	Copy Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has operation been subject of environmental investigation, order, legal claim, action or dispute?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		

SECTION 11: CUSTOMER SIGNATURE, WARRANTY AND CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

I (undersigned) represent and warrant that, to the best of my knowledge and after due inquiry and investigation, the property described here is free of contamination and to the best of my knowledge, there has been no violation of any law, or, I have disclosed any past or existing contamination. I agree to immediately notify FCC of any contamination or spill of a hazardous substance or any potential breach of any law. I authorize and agree to FCC's disclosure of information about its environmental assessments on loans to federal authorities, including posting a summary of environmental assessments completed by FCC on the public web site of the Canadian Environmental Assessment Agency.

I understand that my personal information will be protected under the provisions of the Privacy Act (Canada) and will not be disclosed to any third party without the Customer's express consent.

Customer Signature

Date