

Applicant's Declaration on the Environment

(one form per site)

PART I: LOCATION & SITE HISTORY							
1. Business Name:							
2. Address:			3. City/Town; Province; Postal Code:				
4. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant							
5. Name & Address of Owner of property:				Same as No. 1 & 2 <input type="checkbox"/>			
6. Date owner took title:		7. Date of building construction:		8. Date occupied by current user:			
9. Any Environmental Assessments done in the past? If Yes, please attach reports. <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			10. Does the business have an environmental policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy.				
11. Historical use of the property over the last 50 years. <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial				Sources of information:			
12. Current or planned use of the property: <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial If the use is, was or will be industrial, please provide details on the type of industry and the date(s) of establishment:							
PART II: SITE ENVIRONMENTAL ASSESSMENT				Yes	Do not know	No	Not applicable
1. Current use of adjacent properties? <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have activities at neighbouring sites discharged substances in the environment?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. On your site, do you use, store, handle or have chemical products or hazardous materials such as: a) infectious waste (medical, pathological), b) radioactive materials, c) propane, butane, carbon dioxide, ammonia, d) PCBs including transformers, e) asbestos, f) solid, liquid (> 1 barrel) or gaseous chemical products, g) radon gas? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you recycle or dispose of any hazardous materials, waste, dangerous goods? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you remove underground storage tanks from your property? If yes, please complete page 3 of this form.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you remove above ground storage tanks from your property? If yes, please complete page 3 of this form.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any underground storage tanks on your property? If yes, please complete page 3 of this form.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any aboveground storage tanks on your property? If yes, please complete page 3 of this form.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the potable water come from: a) the municipality's water distribution system, b) on site field well or artesian well or from groundwater), c) surface water, d) other? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the water for industrial use come from: a) the municipality's water distribution system, b) on site field well or artesian well or from groundwater), c) surface water, d) other? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the waste water discharge point include: a) municipal sewer system, b) septic tank with or without treatment, c) surface water (lake, river, creek, etc.), d) other? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the property operate now or did it operate in past as a landfill (sanitary or not), junkyard, incinerator, landfill site for waste or other dumping area?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there contaminated groundwater?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a chemical (e.g. oil, solvents) on the surface or at the bottom of groundwater (i.e. chlorinated solvent)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there contaminated soil?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there any evidence of contamination (odour, colour, oily film, foam) at water discharge points or in the ditch? If yes, please provide details as to contamination and location.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the plant's effluent or air emissions ever been tested? If yes, please provide a copy of the report.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are any of the following in evidence: a) stained soil, b) areas of sparse, sick or dead vegetation, c) discoloured surface water? If yes, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PART II: CONTINUED	Yes	Do not know	No	Not applicable
19. Are there or have there been any spills or polluting incidents on the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are there ponds, lagoons or basins on the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are there or have there been paint shops, paint rooms or spray booths on the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there atmospheric discharges? a) point source (chimney, vent) b) diffuse source (outside storage area generating dust, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. Have there ever been complaints about noise, odour, dust, poor quality drinking water or smoke from neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has there ever been a complaint filed for environmental reasons? If yes , provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have liability insurance covering: a) environmental impairment? b) the accidental release of pollutants? If yes , does your insurance require annual reviews or assessments to determine environmental liability or other conditions?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
26. Are there discharges to the environment in the conduct of your business? If yes , are the necessary permits or licenses issued to your business (all levels of government)? Is so , please provide copies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are there now or have there ever been any environmental orders or civil actions or other environmental concerns on the property or violations of permits or laws? If yes , please provide information, dates and details of the current situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART III: PROJECT ENVIRONMENTAL ASSESSMENT	Yes	Do not know	No	Not applicable
1. Will the project require the approval of licences, permits, funding or land transfer by federal, provincial, territorial or municipal governments?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Will the project take place within 30 metres of a body of water?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Will the project take place in or adjacent to a national park, park reserve, national historic site, historic canal or aboriginal lands?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Will the project effect the habitat of wildlife species (defined as animal, plant or other organism) that are at risk or migratory species?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Will the project involve the remediation of contaminated land?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Will the project likely release polluting substances?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. Will the project result in trans-boundary (inter-provincial, outside Canada) transportation or shipping of hazardous materials or the emission of industrial pollutants?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Will the project be undertaken on land that is fully serviced by a municipality?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. If the answer is Yes to any one of questions 1 to 7, and No to question 8, please explain in the space provided and submit existing supporting reports or studies:				
PART IV: ENVIRONMENTAL CONTACTS	NAME & ADDRESS			TELEPHONE
1. Environmental Consultant				
2. Solid waste (hazardous waste) disposal company				
3. Liquid waste disposal company				

I hereby represent and warrant to the Business Development Bank of Canada and its agents that I am familiar with the property and the project and to the best of my knowledge and belief based on the information in my possession, the foregoing declarations constitute a complete disclosure of the existing or potential environmental hazards and/or contamination pertaining to the company, property, project and business described above.

Signing Officer

Name and Title (full name in print format)

Date

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STORAGE TANK(S) – PRESENTLY ON SITE

Tank No.	Tank size (in litres)	Aboveground or Underground	Age of tank	Type of material for tank / Type of protection (cathodic, double wall, containment dike, etc.)	Contents	Has it ever leaked?		If yes, please provide details.	Name of firm which last analyzed the soil and groundwater near the tank. Please attach a copy of the report.	Does the tank comply with current governmental standards?		If yes, please provide evidence of compliance.
						Yes	No			Yes	No	

STORAGE TANK(S) – REMOVED

Tank No.	Tank size (in litres)	Aboveground or Underground	Age of tank	Type of material for tank/ Contents	Year removed	Reason(s) for removal	Was the work supervised by an environmental consulting firm?		If yes, please attach a copy of the report.	Did an environmental consulting firm analyze the soil and groundwater immediately following the removal of the tank?		If yes, please attach a copy of the report.
							Yes	No		Yes	No	

Additional comments (if the above space allocation is insufficient): _____

Applicant's initials: