

APPLICATION FOR APPROVAL

OFFICE USE ONLY		Application #
Date Rec'd (yyyy/mm/dd)	Ext. Ref. #	NSEL File #
Total Fees Due	Fees Paid	Paid in Full Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt #	Water Auth. # (Div. 1 only)	

Nova Scotia Environment and Labour will only collect, use, and disclose personal information in keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act (FOIPOP)*.

PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 and the Submission Standard that are applicable to the specific activities of this application only.

Type of Application:			
New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>	Transfer <input type="checkbox"/>
If applicable, provide the previous Approval # _____			

SECTION 1 - OWNER

If there is more than one owner, please indicate who will be the primary applicant for this project and attach a complete list of owners.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 - Owner? Yes No If yes, please skip to Section 3.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

Property Identification numbers (PID) are available at the Nova Scotia Department of Housing & Municipal Affairs.
1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment and Labour.

Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

SECTION 4 - ACTIVITY

Proposed Activities - Please check (✓) all that apply.					
Activity	<input type="checkbox"/>	Complete Sections	Activity	<input type="checkbox"/>	Complete Sections
Asbestos	<input type="checkbox"/>	4, 5A, 5B, 6, 7	Motive Fuel or Fuel Oil	<input type="checkbox"/>	4, 5A, 6, 7
Chemical Storage	<input type="checkbox"/>	4, 5A, 5C, 6, 7	Oily Debris Disposal	<input type="checkbox"/>	4, 5A, 6, 7
Contaminated Soils	<input type="checkbox"/>	4, 5A, 5D, 6, 7	Petroleum Storage Tank System (Including Bulk Storage)	<input type="checkbox"/>	4, 5A, 5H, 6, 7
Dangerous Goods Handling Facility	<input type="checkbox"/>	4, 5A, 5E, 6, 7	Salvage Facility	<input type="checkbox"/>	4, 5A, 5G, 6, 7
Dangerous Goods Residential Facility	<input type="checkbox"/>	4, 5A, 5F, 6, 7	Used Oil Collection Facility	<input type="checkbox"/>	4, 5A, 6, 7
Will this Activity employ a new technology?		Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please specify.					
Proposed Project Dates, if applicable (yyyy/mm/dd)					
Start Construction Date		Start Operations		End/Closure Date	

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 all applicable Dangerous Goods/Waste Dangerous Goods/Salvage Yard Applications.							
Type of Facility							
Storage	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	Treatment	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please specify.							
Maximum Storage Capacity	_____ kg	_____ m ³	_____ litres				
Maximum Disposal Capacity	_____ kg	_____ m ³	_____ litres				
Maximum Treatment Capacity	_____ kg	_____ m ³	_____ litres				

5B - Complete only for Asbestos					
Type of Shipment	Bulk	<input type="checkbox"/>	OR	Bag	<input type="checkbox"/>

5C - Complete only for Chemical Storage						
Type of Storage	Tank	<input type="checkbox"/>	Drum	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please specify.						
Physical State of Chemicals	Solid	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Products Stored (please specify)						

5D - Complete only for Contaminated Soils							
Type of Operation	Mobile	<input type="checkbox"/>	OR	Permanent	<input type="checkbox"/>		
Contaminant	PCBs <input type="checkbox"/>	Petroleum <input type="checkbox"/>	Metals <input type="checkbox"/>	Other <input type="checkbox"/>	PCP <input type="checkbox"/>	PAH <input type="checkbox"/>	Chlorinated Solvents <input type="checkbox"/>
If Other, please specify.							
Treatment Technology Proposed							
Biological <input type="checkbox"/>	Chemical <input type="checkbox"/>	Physical <input type="checkbox"/>					
Thermal <input type="checkbox"/>	Solidification <input type="checkbox"/>	Other <input type="checkbox"/>					
If Other, please specify.							

5E - Complete only for Dangerous Goods Handling Facility				
Type of Storage	Tank	<input type="checkbox"/>	Drum <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, please specify.				
Types of Waste Stored (please specify)				

5F - Complete only for Dangerous Goods Residential Facility
Communities Serviced

5G - Complete only for Salvage Facility			
Size of Salvage Yard (hectares)			
Materials Processed			
Automobile <input type="checkbox"/>	Industrial Equipment <input type="checkbox"/>	Electrical Equipment <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, please specify.			

5H - Complete only for Petroleum Storage Tank System (including Bulk Storage)			
Dyking:	Number of tanks dyked	_____	
Length (metres)	_____	Width (metres)	_____
		Effective Height (metres)	_____
Effective Capacity (length x width x effective height) (metres ³) _____			
Type of Installation	Bulk Plant <input type="checkbox"/>	Service Station <input type="checkbox"/>	Farm <input type="checkbox"/>
	Marine <input type="checkbox"/>	Commercial <input type="checkbox"/>	Government <input type="checkbox"/>
			Residential <input type="checkbox"/>
			Other <input type="checkbox"/>
If Other, please specify:			
Installation Description	Existing <input type="checkbox"/>	OR	Proposed (new) <input type="checkbox"/>
			Number of tanks at location _____
Installer _____		Cert. # _____	

Description of Tanks							
Tank Number (Refer to Drawing)		1	2	3	4	5	6
1. Status of Tank (Mark one only)	Proposed						
	Currently in use						
	Temporarily out of use						
	Permanently out of use						
2. Type of Tank (Aboveground or Underground)							
3. Estimated Year of Installation							
4. Estimated Total Capacity (litres)							
5. Material of Construction	a. Underground Tanks	Steel					
		Fiberglass reinforced plastic					
		Unknown					
		Other, please specify					
	b. Aboveground	Tanks Welded Steel					
		Rivettted steel					
6. External Protection (Mark all that apply)	Cathodic Protection						
	Sacrificial anode						
	Impressed current						
	Zinc reference electrode						
	None						
	Unknown						
7. Internal Protection (Mark all that apply)	Cathodic protection						
	Interior lining (e.g. epoxy resin)						
	None						
	Unknown						
	Other, please specify						
8. Piping (Mark all that apply)	Block/Bars steel						
	Galvanized steel						
	Fiberglass reinforced plastic						
	Cathodically protected						
	Unknown						
9. Substance currently or last stored	Gasoline						
	Fuel Oil						
	Kerosene						
	Bunker						
	Used oil						
	Unknown						
10. Additional Information (out of service tanks) -	Estimated date last used (mm/yyyy)						
	Estimated quantity remaining (litres)						
	Filled with inert material (yes or no)						
Registration							

Please provide a general description of the proposed alterations

Location of Tanks

Attach an engineering drawing or a neat sketch of the proposed installation, showing tank(s) and piping location, adjacent roads, buildings, wells, water bodies and corrosion protection equipment or dykes, where applicable. Number each tank, including waste oil and furnace oil tanks and identify using these numbers for the following section.

SECTION 6 - SUPPORTING DOCUMENTATION TO ATTACH

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.

	Copy of the property deed, lease or letter proving the applicant's legal right to conduct the activity on the site
	Copy of Joint Stocks printout showing the official company name, President & CEO, its agent, and verifying that the company is registered in good standing.
	Confirmation of Municipal Approval
	Copy of Certificate of Qualification or training expertise to conduct the proposed activity
	Site Plan (scaled drawing, minimum scale 1:2,000) including (but not limited to): property boundaries, contours of the site & adjacent properties, location of all relevant structures, location of nearby watercourses, wetlands, dwellings, wells, water supplies, public roads & highways
	Design Specifications & Engineering Plans
	Site Assessment evaluating potential impact on wells, watercourses, roads, residences or other environmental or ecological features
	Operating Procedures, including inspection & monitoring procedures and maximum storage time
	Comprehensive written description of the project - including a description of any liquid/solid waste/air emissions, as well as storage, treatment and disposal treatments.
	Description of the waste reduction, recycling, and environmental controls for all discharges from the facility
	Contingency plan, including (but not limited to): <ul style="list-style-type: none"> - Scope of the plan (purpose, geographic area, and persons, groups, eg., that have responsibility) - Notification procedures (what is to be reported, when, to whom, internal & external reporting procedures and a 24 hour telephone response number) and 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 and 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, incident reporting procedures and investigative follow-up 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
	Closure, Rehabilitation Plan

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

Correspondence is to be returned to: Owner OR Application Contact

Owner's Signature _____ Date (yyyy/mm/dd) _____
 Name (Please print or type) _____

OWNER'S AUTHORIZATION (If Correspondence Is to Be Returned to Application Contact)

If you are acting on behalf of the owner, you must:

1. Have the **Owner** sign above or
 Attach a letter of authorization from the **Owner** identified on Page 1, Section 1, of this application.
2. Identify yourself as the **Application Contact** on Page 1, Section 2, of this application.
3. Sign the declaration below.

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

Signature _____ Date (yyyy/mm/dd) _____

Name (Please print or type) _____