**Environmental Compliance Approval**

Abbreviated Application for a Greenhouse Stormwater Management Facility

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General Information and Instructions

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| **General Information:** | **Instructions:** |
| Information requested in this form is collected under the authority of the *Environmental Protection Act* (EPA), the *Ontario Water Resources Act* (OWRA) and the Environmental Bill of Rights (EBR) and will be used to evaluate applications for Environmental Compliance Approvals (ECAs) issued under Part II.1 of the EPA.Information collected by the ministry is subject to the *Freedom of Information and Protection of Privacy Act*. If you are of the view that any part of the application is confidential on the grounds that such information constitutes a trade secret or scientific, technical commercial, financial or labour relations information, please make this known now. Otherwise, the ministry may make the information available to the public without further notice to you. It is an offence under the EPA and OWRA to provide false or misleading information in this application and/ or accompanying documents.**For all questions related to preparing or submitted this form or about the ministry’s collection of information related to applying for an ECA, contact:****Environmental Approvals Access and Service Integration Branch**135 St. Clair Avenue West, 1st FloorToronto ON M4V 1P5Telephone outside Toronto 1-800-461-6290 or in Toronto 416-314-8001. | 1. Applicants are responsible for ensuring that they submit a complete ECA Application to the ministry. The ministry may return incomplete applications to the applicant.
2. A complete application consists of:
* A completed and signed application form
* All required supporting documents and technical requirements identified in this form and ministry guidance
* Payment of the application fee (in Canadian funds) by certified cheque, money order made payable to the Minister of Finance, or credit card payment (for payments up to $10,000).
1. Submit the complete ECA Application as follows:
* One paper copy sent to the Director, Environmental Access and Service Integration Branch at:

135 St. Clair Avenue West1st FloorToronto ON M4V 1P5* One paper copy sent to the local ministry District Office that has jurisdiction over the area where the facilities are located. DO NOT send payment to the District Office. To locate the appropriate local District Office, visit the ministry’s website.
 |

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

Application Summary

Applicant Name

|  |
| --- |
|  |

Project Name

|  |
| --- |
|  |

Project Description Executive Summary

|  |
| --- |
| This proposal is for a new Environmental Compliance Approval for an existing/proposed stormwater management facility serving The stormwater management facility includes  |

Section 1: Applicant Information

**1.1 Applicant Information**

|  |  |
| --- | --- |
| Applicant Name (legal name of individual or organization as evidenced by legal documents) | Business Number |
|  |  |

|  |  |
| --- | --- |
| Business Name **🗸** *same as Applicant Name* | Business Website Address: |
|  |  |

Applicant Type:

**🗸** Corporation **□** Federal Government **□** Individual **□** Municipal Government

**□** Partnership **□** Provincial Government **□** Sole Proprietor **□** Other (describe):

|  |
| --- |
| Business Activity Description |
|  |

|  |
| --- |
| Primary North American Industry Classification System (NAICS) Code and other NAICS codes (if applicable) |
| 111419 – Other food crops grown under cover, 111421 – Nursery & tree production, 111422 – Floriculture production |

**1.2 Applicant Physical Address**

|  |  |
| --- | --- |
| Civic Address - Street Information (includes street number, name, type and direction)  | Unit Identifier (suite or unit number) |
|  |  |
| Survey Address |  |  |  |
| Lot | Concession | Part | Reference Plan |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality/Unorganized Township or Territory Upper Tier/District | Province/State | Country | Postal Code/ZIP Code |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone (+ area code & ext.) | Fax Number (+ area code)  | Mobile (+ area code) | E-mail Address |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Geo Reference (required)  |  |  |  |  |  |
| Description of location | Map Datum | Zone | Accuracy Estimate | Geo-referencing Method | UTM Easting | UTM Northing |
| Southwest corner of property |  |  | +/- 10 m |  |  |  |
| Physical location of front door of main entrance |  |  | +/- 10 m |  |  |  |

**1.3 Applicant Mailing Address**

Same as Applicant Physical Address? 🗸 Yes **□** No (If no, please provide applicant mailing address information below.)

|  |  |
| --- | --- |
| Civic Address - Street Information (includes street number, name, type and direction)  | Unit Identifier (suite or unit number) |
|  |  |

|  |  |  |
| --- | --- | --- |
| Delivery Designator | Delivery Identifier | Postal Station |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality/Unorganized Township or Territory Upper Tier/District | Province/State | Country | Postal Code/ZIP Code |
|  | Ontario | Canada |  |

**1.4 Statement of the Applicant**

I am authorized to prepare and submit this application and to make this certification. I have reviewed the complete application and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

* The information contained in this application is complete and accurate.
* The Technical Contact identified in this application has/have been authorized to prepare certain technical material, and act on behalf of the applicant to discuss this application with the Ministry of the Environment and Climate Change and to provide additional information about this application to the ministry on request.
* The information provided to the Technical Contact in relation to this application is complete and accurate.

|  |  |
| --- | --- |
| Name of Applicant (please print) | Title |
|  |  |

|  |  |  |
| --- | --- | --- |
| Telephone (+ area code & ext.) | Fax Number (+ area code)  | Mobile (+ area code)  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| E-mail Address | Signature | Date (yyyy/mm/dd) |
|  |  |  |

Section 2: Project Information

**2.1 Reason for Application**

**🗸** New ECA **□** Amendment to Existing ECA **□** Revocation to existing ECA

**□**Administrative amendment to existing ECA

**2.1 Category**

**🗸** Group A (building permit obtained before December 31, 2011)

**□** Group B (building permit obtained after January 1, 2012)

**2.1 Technical Contact**

|  |  |
| --- | --- |
| Name of Technical Contact | Company |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone (+ area code & ext.) | Fax Number (+ area code)  | Mobile (+ area code) | E-mail Address |
|  |  |  |  |

**Address Information**

Same as Applicant Mailing Address? **🗸** Yes **□** No (If not, please provide technical contact address information below.)

|  |  |
| --- | --- |
| Civic Address - Street Information (includes street number, name, type and direction)  | Unit Identifier (suite or unit number) |
|  |  |
| Delivery Designator | Delivery Identifier | Postal Station |
|  |  |  |
| Municipality/Unorganized Township or Territory Upper Tier/District | Province/State | Country | Postal Code/ZIP Code |
|  |  |  |  |

I have been authorized by the applicant to prepare the technical materials that are included in the application, I have reviewed those technical materials and I have made all inquiries that are necessary to declare to the best of my knowledge, information and belief:

* The technical materials contained in this application are complete and accurate.
* I have the relevant education and experience necessary to provide this certification.

|  |  |
| --- | --- |
| Signature | Date (yyyy/mm/dd) |
|  |  |

Section 3: Environmental Bill of Rights Posting Requirements

**3.1 Environmental Bill of Rights (EBR) Posting Requirements**

Proposals for new discharges of stormwater into the natural environment (including a municipal ditch) or discharges which did not previously have an ECA require a posting on the Environmental Registry. The project description executive summary will be used for this posting so it needs to be accurate. Some exceptions to this posting requirement apply. The exceptions are detailed in the online ECA application form.

**🗸** Yes, I verify the project description executive summary is accurate and can be used for the EBR posting.

Section 4: Site Information

**4.1 Site Address**

Same as Applicant Physical Address? 🗸 Yes □ No (If no, please complete the site address information below.)

|  |  |
| --- | --- |
| Civic Address - Street Information (includes street number, name, type and direction)  | Unit Identifier (suite or unit number) |
|  |  |
| Survey Address |  |  |  |
| Lot | Concession | Part | Reference Plan |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality/Unorganized Township or Territory Upper Tier/District | Province/State | Country | Postal Code/ZIP Code |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone (+ area code & ext.) | Fax Number (+ area code)  | Mobile (+ area code) | E-mail Address |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Geo Reference (required)  |  |  |  |  |  |
| Description of location | Map Datum | Zone | Accuracy Estimate | Geo-referencing Method | UTM Easting | UTM Northing |
| Southwest corner of property |  |  | +/- 10 m | Online GIS map |  |  |
| Physical location of front door of main entrance |  |  | +/- 10 m | Online GIS map |  |  |

**Is the site (property) that is the subject of this application owned by the applicant?** 🗸 **Yes □ No**

If no, please include the owner’s name, address and a signed document indicating that the applicant has the authority to install and operate the proposed activity, or store vehicles or equipment on the land.

**Is the applicant the operating authority of the site that is the subject of this application?** 🗸 **Yes □ No**

If no, please include the operating authority name, address and phone number.

**Is the site location in an area of development control as defined by the Niagara Escarpment Planning & Development Act (NEPDA)? □ Yes** 🗸 **No**

If yes, please attach a copy of the NEPDA permit for proposed activity.

**Is the site within an area covered by the Oak Ridges Moraine Conservation Plan? □ Yes** 🗸 **No**

If yes, please attach proof of municipal planning approval for the proposed activity/ work (for example, zoning by-law, letter from municipality etc.).

**4.2 Site Zoning and Classification**

|  |  |  |
| --- | --- | --- |
| Current Land Use |  | Current Zoning  |
|  |  |

Does the applicant have correspondence from the municipality to confirm that the current zoning of the property permits the proposed use?

🗸 Yes □ No If yes, please attach correspondence from the municipality.

**4.3 Source Protection/ Drinking Water Threats (the information is this section should be obtained from the local Conservation Authority)**

Check the source protection area(s) where the activity is/ will be located:

□ Ausable Bayfield □ Grand River □ Raisin Region □ Lower Thames Valley

□ Maitland Valley □ Kettle Creek □ South Nation □ St. Clair Region

□ Cataraqui Region □ Long Point □ Grey Sauble □ Upper Thames River

□ Central Lake Ontario □ Lakehead □ Northern Bruce Peninsula □ Crowe Valley

□ Credit Valley □ Mattagami □ Saugeen Valley □ Ganaraska

□ Toronto and Region □ Mississippi Valley □ Sault Ste. Marie □ Kawartha-Haliburton

□ Essex □ Rideau Valley □ Catfish Creek □ Lower Trent

□ Halton □ Niagara □ Nottawasaga Valley □ Ottonabee-Peterborough

□ Hamilton □ North Bay Mattawa □ Severn Sound □ Quinte

□ Sudbury □ Lake Simcoe & Couchiching/Black River

Is the proposed activity located or planned to be located in a vulnerable area identified in a local assessment report under the *Clean Water Act*, 2006? (For assistance, please refer to the Source Protection Interactive Mapping Tool on the ministry’s website)

□ Yes 🗸 No

If yes, what is/ are the vulnerable area(s)/ zone(s)? (Please check all that apply)

□Wellhead Protection Areas □Surface Water Intake Protection Zones □Issue Contributing Area

□Highly Vulnerable Aquifers □Significant Groundwater Recharge Areas

Is the activity being applied for identified as a significant drinking water threat?

□ Yes 🗸 No (If yes, please identify the source protection policies applicable to the works and mitigation methods to prevent the contamination of drinking water)

**4.4 Receiver of Effluent Discharge**

|  |  |
| --- | --- |
| Intermediate Receiver Name | Watershed Name |
|  |  |

🗸 Surface Water □ Groundwater □Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the facility received local Conservation Authority clearance? (for stormwater management facility discharging to the natural environment)

🗸 Yes □ N/A If yes, please include a copy of the Conservation Authority clearance.

**Final Receivers** 🗸 **N/A**

Will the proposed activity discharge to any of the following critical receivers?

□ Lake Simcoe □ Rideau River □ Detroit River □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Great Lakes □ Rouge River □ Bay of Quinte

Section 5: Supporting Documentation

|  |  |  |
| --- | --- | --- |
|  | **Group A** *Obtained building permit prior to December 31, 2011* | **Group B***Obtained building permit after January 1, 2012* |
| Cover Letter | **🗸** Yes  | □ Yes  |
| Applicant proof of legal name (Please see below for information regarding acceptable documents for proof of identity) | **🗸** Yes  | □ Yes  |
| Signed document indicating that the applicant has the authority to install and operate the proposed activity. | □Yes 🗸 N/A  | □ Yes □ N/A  |
| Operating authority name, address and phone number | 🗸 Yes □ N/A  | □ Yes □ N/A  |
| Municipal Clearance | 🗸 Yes □ N/A  | □ Yes □ N/A  |
| Conservation Authority Clearance | 🗸 Yes □ N/A  | □ Yes □ N/A  |
| Any engineering reports submitted to the municipality and/or conservation authority. | □ Yes 🗸 N/A  | □ Yes □ N/A  |
| Group A - Description of Stormwater Management Facility | **🗸**  Yes  |  |
| Group B - Detailed Project Description |  | □ Yes  |
| Group A - Site Plan and Drawings showing the stormwater management system.  | **🗸** Yes  |  |
| Group A - Engineering Opinion regarding the hydraulic function of the stormwater management facility | 🗸 Yes  |  |
| Group B – Stormwater Management Design Brief including: |  | □ Yes  |
| Site Plan and Engineering Drawings, all signed and stamped by a professional engineer. |  | □ Yes  |
| Design Calculations for the storage volume and outlet flow rates of the stormwater management facility. |  | □ Yes  |
| Description of management of Nutrient Solution/Greenhouse Nutrient Feedwater | 🗸 Yes  | □ Yes  |
| Application Fee | 🗸 Yes  | □ Yes  |

Section 6: Payment Information

Please Note:

1. All fees should be paid in Canadian funds, payable to the Minister of Finance.
2. Credit credit card payments are accepted for payments under $10,000 only.
3. The information collected in this section of the form is considered confidential and will only be used to process your application fee.
4. DO NOT include this page in the copies of your application that are being provided to the local ministry District Office.

|  |  |
| --- | --- |
| Amount Enclosed | Method of Payment |
| $2,200 | □ Certified Cheque □ Money Order□ Visa □ MasterCard □ American Express |

|  |
| --- |
| Credit Card Information (If paying by Visa, MasterCard or American Express) |
| Name on card | Credit Card Number  | Expiry Date (mm/yyyy) |
|  |  |  |

|  |  |
| --- | --- |
| Cardholder Signature | Date (yyyy/mm/dd)  |
|  |  |

|  |
| --- |
| ***If paying by cheque or money order, please attached here.*** |

**Applicant Proof of Identity**

The applicant is the person (individual, organization, etc.) that has legal responsibility for the proposed works/facilities to which the application relates and is the person who will hold the ECA if issued. Typically, the applicant is the legal owner or operator of the facility or equipment and is the party that is ultimately responsible for compliance with all of the conditions in the ECA. Unless the applicant is a municipal, provincial or federal government, a proof of legal name of the applicant must be submitted with all applications. The table below shows acceptable documents for proof of legal name. The documents must be current and must accurately reflect the business name. Documents are acceptable only if they are provided by Ministry of Government Services or, if they are from other sources, they must be notarized as true copies that accurately reflect the current business name.

|  |  |
| --- | --- |
| **Applicant Type** | **Acceptable Documentation** |
| Canadian Corporations | Certificate of Status **and** A current filing under the Corporation Information Act – e.g., Ontario Corporation Report **and**Single Business Number (SBN) |
| Foreign Corporations | Extra-provincial Licence under Extra-provincial Corporations Act **and** An original signed copy of the letter from a lawyer in Ontario confirming the status and jurisdiction of incorporation of the corporation concerned and that is duly authorized to carry on business in Ontario **and** Single Business Number (SBN) |
| Ontario General (GP) or Limited Liability Partnerships (LLP) | Ontario Business Name Registration Report under Business Names Act **and** Documents verifying legal names of all entities constituting the partnership appropriate for the type of each entity (corporation, individual\* etc.) **and** Single Business Number (SBN) |
| Ontario Limited Partnership (LP) | Limited Partnership Report under Business Names Act **and** Documents verifying legal name of the general partner appropriate for the type of person (corporation, individual\* etc.) **and** Single Business Number (SBN) |
| Extra-Provincial General (GP) or Limited Liability Partnerships (LLP) | Ontario Business Name Registration Report under Business Names Act **and** An original signed copy of the letter from a lawyer in Ontario confirming (a) the jurisdiction of the organization of the partnership; (b) that it is duly authorized to carry on business in Ontario; and (c) the legal names of the partners **and** Single Business Number (SBN) |
| Extra-Provincial Limited Partnership (LP) | Limited Partnership Report under Business Names Act **and** An original signed copy of the letter from a lawyer in Ontario confirming (a) the jurisdiction of the organization of the partnership; (b) that it is duly authorized to carry on business in Ontario; and (c) the legal names of the general partner **and** Single Business Number (SBN) |
| Individual/Sole Proprietor | Documents verifying legal name of the individual\* **and** Master Business Licence to verify the business name (if applicable) **and** Single Business Number (if applicable) |