



Application for a Certificate of Approval For a Waste Management System

To establish, alter, enlarge, or extend a waste management system (to accompany plans, specifications, and public notification as required by Section 78 of *The Environmental Protection Act*).

System Information

1	Location of Proposed Waste Management System/Operation
	Type of Operation

Size of Area to be Serviced

2	(a) Approximately _____ Persons	(c) Approximately _____ Kilometres of public road
	(b) Approximately _____ Square kilometres	Of any existing disposal facility _____ Metres x _____ Metres

Distances

3	(a) From nearest approved waste disposal site	_____
	(b) From nearest public road	_____
	(c) From public road of access	_____
	(d) From nearest residence	_____
	(e) From nearest cemetery (if less than 1km)	_____
	(f) From nearest water course (stream, brook, etc.)	_____
	Name of stream, brook, etc. (if applicable)	_____
	(g) From nearest water body (pond, lake, etc.)	_____
	Name of pond, lake, etc. (if applicable)	_____
	(h) From proposed fence to vegetation line	_____
	Type of vegetation	_____
(i) From nearest aircraft runway or seaplane base (if less than 15km)	_____	
(j) From nearest hospital, place where food is prepared or stored, school, church, or other building used for human habitation other than residences	_____	
(k) From nearest source of public water supply (municipal watershed, dug well, reservoir, etc.)	_____	

Vehicles and Accessory Equipment

4	(a) Number, size, and type of vehicles and/or equipment for collection purposes
	_____ _____ _____ _____
	(b) If applicable, list number, size and type of other equipment used

Vehicles and Accessory Equipment (continued)**4**

(c) If applicable, list number, size and type of equipment available for fire protection and fighting purposes ,

(d) If applicable, provide dimensions and details of any proposed buildings

Construction Details for System Operations (if applicable)**5**

Width of tree screen that will be maintained

Is the site presently visible to the public?

☐ Yes ☐ No

Total length of access road

Width of any access road presently

Proposed width of access road

Proposed width of access road cleared right of way

Steepest grade along access road

Length and type of fencing to be used (material, mesh size, height, etc.)

Width of fire break

Average depth of cover material available

 m (by soil tests

Number of test holes

Depth of watertable below existing grade

 m (by soil tests

Number of test holes

Dimensions of any trenching to be provided

Relevant Dates**6**

Proposed date to commence operations

YYYY MM DD

If applicable, frequency of waste collection

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Operational Details**7**

Estimate waste volume per year	_____
Hours of operation	_____
If applicable, please specify holding area for car wrecks and scrap metal	_____
Will your site receive waste from any of the following?	
Farm waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic tanks and/or sewage treatment plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service stations and/or industry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical, biological or laboratory waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you proposing to transport or dispose of international waste?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If yes, you must provide a copy of your valid approval from the Canadian Food Inspection Agency)</i>	

Applicant Information**8**

Name	
Position	
Mailing Address	Postal Code
Date (YYYY MM DD)	

Return completed application to:**9**

<p style="text-align: center;">ST. JOHN'S Department of Environment and Climate Change Waste Management Section, Pollution Prevention Division Confederation Building (West Block) P. O. Box 8700, St. John's, NL A1B 4J6 Telephone: (709) 729-2556 Facsimile: (709) 729-6969</p>
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