

**General Information and Instructions**

**General:**

Information requested in this form is collected under the authority of the *Environmental Protection Act*, R.S.O. 1990 (EPA) and the *Environmental Bill of Rights*, C. 28, Statutes of Ontario, 1993, (EBR) and will be used to evaluate applications for approval of waste disposal sites under Section 27, EPA. Questions about this collection of information should be directed to: Information Unit Supervisor, Environmental Assessment and Approvals Branch, 2 St. Clair Ave. W, Floor 12A, Toronto ON M4V 1L5. Telephone outside Toronto 1-800-461-6290 or in Toronto 416-314-8001.

**Instructions:**

1. **Applicants are responsible for ensuring that they complete the most recent application form.** When completing this form, please refer to the following guidance material: the "Guide for Applying for Certificate of Approval of Waste Disposal Sites, Section 27, 30, 31 and 32, EPA," (referred to as the Guide) and "Guide - Application Cost for Waste Management, S. 27, EPA". Application forms and supporting documentation are available from the Environmental Assessment and Approvals Branch toll free at 1-800-461-6290 (locally at 416-314-8001), from your local District Office of the Ministry of the Environment, and in the "Publications" section of the Ministry of the Environment website at <http://www.ene.gov.on.ca/envision/gp/index.htm#disposal>.
2. Questions regarding completion and submission of this application should be directed to the Environmental Assessment and Approvals Branch, 2 St. Clair Avenue West, Floor 12A, Toronto, Ontario, M4V 1L5, telephone number 1-800-461-6290 or (416) 314-8001, or to your local District Office of the Ministry of the Environment.
3. A complete application consists of:
  - 1) a completed and signed application form;
  - 2) all required supporting information identified in this form, the guidance material, and
  - 3) a certified cheque, money order or credit card payment, in Canadian funds, made payable to the *Ontario Minister of Finance* for the applicable application fee.

This form must be completed with respect to all requirements identified in the guidance material in order for it to be considered an application for approval.

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.** The Ministry may require additional information during the technical review of any application initially accepted as complete.

4. The original application, along with the supporting information and the application fee, must be sent to:

**The Ministry of the Environment,  
Director, Environmental Assessment and Approvals Branch, Section 27  
2 St. Clair Avenue West, Floor 12A, Toronto, Ontario, M4V 1L5**

A copy of the application and the supporting information must be sent to the local Ministry District Office which has jurisdiction over the area where the facilities are located. To locate the appropriate local Ministry District Office, please visit the Ministry of the Environment Internet site at: [www.ene.gov.on.ca/envision/org/op.htm#Reg/Dist](http://www.ene.gov.on.ca/envision/org/op.htm#Reg/Dist).

A copy of the application and the supporting information must also be sent to the local municipality (unless the application is for a revocation or an amendment that is environmentally insignificant or the applicant is a municipality). Copies shall be provided to both the upper and lower tier municipality if applicable to the area where this facility is located.

A cover letter addressed to the Director of Environmental Assessment and Approvals Branch should accompany both submissions and indicate that a copy of the complete submission has been sent to the local District Office and local municipality(s).

5. Information contained in this application is not considered confidential and will be made available to the public upon request. Information submitted as supporting information may be claimed as confidential but will be subject to the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and *EBR*. If you do not claim confidentiality at the time of submitting the information, the Ministry may make the information available to the public without further notice to you.
6. The electronic version of this form incorporates several features to assist you with completing your application. The form will calculate certain values based on the information you enter and will assist you in ensuring that all required information is included with your application. This form has been save-enabled; you can save a copy of this form that includes any information you have entered. You are encouraged to use the electronic version of this form, available on the Ministry of the Environment website at: <http://www.ene.gov.on.ca/envision/gp/4181e.pdf>.



## Application for a Provisional Certificate of Approval for a Waste Disposal Site

Ce formulaire est disponible en français

For Office Use Only			
Reference Number	Payment Received \$	Date (y/m/d)	Initials

### Application Summary

Applicant Name *(legal name of individual or organization as evidenced by legal documents)*  
**The Corporation of the Town of Marathon**

Project Name *(Project identifier to be used as a reference in correspondence)*  
**Marathon Landfill**

Project Description Summary *(If EBR is applicable, this summary will be used in the EBR posting notice)*  
**A emergency Certificate of Approval application for the existing Marathon Waste Disposal Site to extend the landfill operation in order to provide the required landfill space to allow for the development of the long term waste disposal solution. The landfill is approved for a waste and daily cover capacity of 506,532 m3 and currently operates under the Amended Provisional Certificate of Approval No. A591801, issued March 28, 2008. The landfill site comprises a total area of 15.2 hectares, of which 7.0 hectares are licensed for landfilling and 8.2 hectares form combined buffer zones and contaminant attenuation zones.**  
  
**A recent review suggests that the Marathon Landfill has less than one (1) year of landfill capacity remaining at their existing site, providing disposal capacity to the end of 2009.**

Required Information	Completed (yes or no)
<input checked="" type="checkbox"/> Project Name & Description	Yes
<input checked="" type="checkbox"/> Section 1: Applicant Information	Yes
<input checked="" type="checkbox"/> Section 2: Project Information	Yes
<input checked="" type="checkbox"/> Section 3: Site Information	Yes
<input checked="" type="checkbox"/> Section 4: Facility Information	Yes
<input checked="" type="checkbox"/> Section 5: Regulatory Requirements	Yes
<input checked="" type="checkbox"/> Section 6: Supporting Information	Yes
<input checked="" type="checkbox"/> Payment Information Section	No - Please press the 'Calculate Costs' button below
<b>Application Status: FORM INCOMPLETE. Please Complete the sections as indicated above.</b>	

**Cost Summary:**

Administrative processing <i>(required for most applications)</i>	\$
Hearing <i>(if mandatory or necessary)</i>	\$

Review of Application	\$
<b>TOTAL COST</b>	<b>\$</b>

## Section 1: Applicant Information

### 1.1 Applicant Information *(Owner of works/facility)*

Applicant Name <i>(legal name of individual or organization as evidenced by legal documents)</i> <b>The Corporation of the Town of Marathon</b>		Business Identification Number -
Business Name <i>(the name under which the entity is operating or trading - also referred to as trade name)</i> <b>The Corporation of the Town of Marathon</b>		<input checked="" type="checkbox"/> same as Applicant Name
Applicant Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Federal Government <input checked="" type="checkbox"/> Municipal Government <input type="checkbox"/> Provincial Government <input type="checkbox"/> Other <i>(describe):</i>	North American Industry Classification System (NAICS) Code <b>562210 Waste Treatment and Disposal</b>
Business Activity Description <i>(a description of the business endeavour, this may include products sold, services provided or machinery/equipment used, etc.)</i> <b>Waste Disposal Site</b>		

### 1.2 Applicant Physical Address

Civic Address- Street information <i>(includes street number, name, type and direction)</i> <b>4 Hemlo Dr. Postal Bag TM</b>		Unit Identifier <i>(i.e. apartment number)</i>	
Survey Address <i>(Not required if Street Information is provided)</i>	Lot	Conc.	Part
City/Unorganized Township <b>Marathon</b>	County/District	Province/State <b>Ontario</b>	Country <b>Canada</b>
Postal Code <b>P0T 2E0</b>	Telephone Number <i>(include area code &amp; ext.)</i> <b>(807)229-1340</b> ext.		Fax Number <i>(include area code)</i> <b>(807)229-1999</b>
Mobile Number <i>(include area code)</i>		E-mail Address <b>cao@town.marathon.on.ca</b>	
Geo Reference <i>(southwest corner of property)</i>			
Map Datum <b>NAD83</b>	Zone <b>16</b>	Accuracy Estimate <b>10 m</b>	Geo Referencing Method <b>OBM Mapping</b>
UTM Easting <b>546264</b>		UTM Northing <b>5397232</b>	

### 1.3 Applicant Mailing Address

Same as Applicant Physical Address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please provide site address information below)</i>	
Civic Address - Street information <i>(civic numbering and street information including street number, name, type and direction)</i> <b>4 Hemlo Dr. Postal Bag TM</b>	
Unit Identifier <i>(i.e. apartment number)</i>	
Delivery Designator	Delivery Identifier
Postal Station	
City <b>Marathon</b>	Province/State <b>Ontario</b>
Country <b>Canada</b>	Postal Code <b>P0T 2E0</b>

### 1.4 Statement of Applicant

<b>I, the undersigned hereby declare that, to the best of my knowledge:</b>		
<ul style="list-style-type: none"> <li>The information contained herein and the information submitted in support of this application is complete and accurate in every way and I am aware of the penalties against providing false information as per s. 184(2) of the <i>Environmental Protection Act</i>.</li> <li>The Project Technical Information Contact identified in this form is authorized to act on my behalf for the purpose of obtaining approval under Section 27 of the EPA for the waste disposal site identified herein.</li> <li>I have used the most recent application form, as obtained from the Ministry of the Environment Internet site at <a href="http://www.ene.gov.on.ca/en/publications/forms/index.php#PartWaste">http://www.ene.gov.on.ca/en/publications/forms/index.php#PartWaste</a> or the Environmental Assessment and Approvals Branch at 1-800-461-6290.</li> </ul>		
Name of Signing Authority <i>(please print)</i> <b>Brian Tocheri</b>	Title <b>CAO / Clerk</b>	
Telephone Number <i>(including area code &amp; extension)</i> <b>(807)229-1340</b> ext. <b>2222</b>	Fax Number <i>(including area code)</i> <b>(807)229-1999</b>	E-mail Address <b>cao@town.marathon.on.ca</b>
Mobile Number <i>(including area code)</i> <b>(807)228-0059</b>	Signature	Date <i>(y/m/d)</i>

## Section 2: Project Information

### 2.1 Application Type

Type of Application:	
<input type="checkbox"/> New Certificate of Approval	<input type="checkbox"/> New Comprehensive Certificate of Approval
<input checked="" type="checkbox"/> Amendment to Current Certificate of Approval	<input type="checkbox"/> Convert Existing Approval to Comprehensive Certificate of Approval
<input type="checkbox"/> Administrative Amendment to Current Certificate of Approval	<input type="checkbox"/> Revocation
<input type="checkbox"/> Compliance with Conditions of the Existing Approval	
Is this a submission for Preliminary Review of your application?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, the application must be complete and finalized before you submit it for Preliminary Review.</i>	
Application Initiated by:	
<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Environmental Assessment and Approvals Branch
<input type="checkbox"/> Provincial Officer Order (attach copy)	<input type="checkbox"/> Other (specify): _____
Current Certificate of Approval	
Certificate of Approval Number	Certificate of Approval Date of Issue (yyyy/mm/dd)
<b>A591801</b>	<b>2008/03/28</b>
Project Schedule	
Estimated date for start of construction/installation (yyyy/mm/dd)	Estimated date for start of operation (yyyy/mm/dd)
<b>2009/11/01</b>	<b>2010/01/01</b>
Comprehensive Certificate of Approval – Eligibility Screening Questionnaire	
Screening Result: You are not required to complete the screening questionnaire	

### 2.2 Project Technical Information Contact

Name of Project Technical Information Contact		Company	
<b>Paul Dewaele, M.Sc., P.Eng.</b>		<b>Golder Associates Ltd.</b>	
Telephone Number (include area code & ext.)	Fax Number (include area code)	Mobile Number (include area code)	E-mail Address
<b>(705)722-4492 ext. 202</b>	<b>(705)722-3786</b>		<b>pdewaele@golder.com</b>
Address Information:			
Same as Applicant Mailing Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please provide technical information contact address information below)			
Civic Address - Street information (civic numbering and street information including street number, name, type and direction)			Unit Identifier (i.e. apartment number)
<b>14 Cedar Pointe Dr., Unit 1501</b>			
Delivery Designator	Delivery Identifier	Postal Station	
City	Province/State	Country	Postal Code
<b>Barrie</b>	<b>Ontario</b>	<b>Canada</b>	<b>L4N 5R7</b>

### Section 3: Site Information

#### 3.1 Site Address - (location where activity/works applied for is to take place)

Same as Applicant Physical Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please provide site address information below)					
Civic Address- Street information (includes street number, name, type and direction) <b>Penn Lake Road</b>					Unit Identifier (i.e. apartment number)
Survey Address (Legal description of the site)	Lot <b>19 and 20</b>	Conc. <b>10</b>	Part <b>1 and 2</b>	Reference Plan <b>55R-12497</b>	
City/Unorganized Township <b>Marathon</b>		County/District <b>Thunder bay</b>		Postal Code <b>P0T 2E0</b>	
Non Address Information (includes any additional information to clarify applicants' physical location)					
Geo Reference (southwest corner of property)					
Map Datum <b>NAD83</b>	Zone <b>16</b>	Accuracy Estimate <b>10 m</b>	Geo Referencing Method <b>OBM Mapping</b>	UTM Easting <b>546264</b>	UTM Northing <b>5397232</b>

#### 3.2 Site Information - (location where activity/works applied for is to take place)

Site Name <b>Marathon Landfill Site</b>	MOE District Office <b>Thunder Bay District Office</b>
Is the site (property) that is the subject of this application owned by the Applicant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please attach the owner's name, address and a signed letter granting consent for the installation and operation of the facilities</i>	
Is the Applicant the operating authority of the site that is the subject of this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please attach the operating authority name, address and phone number</i>	
Is the Site located in an area of development control as defined by the Niagara Escarpment Planning & Development Act (NEPDA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please attach a copy of the NEPDA permit for proposed activity/work</i>	
Is the Site located on the Oak Ridges Moraine Conservation Area as defined by the Oak Ridges Moraine Conservation Plan (ORMCP), a regulation made under the Oak Ridges Moraine Conservation Act (ORMCA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please attach proof of Municipal planning approval for the proposed activity/work</i>	

#### 3.3 Site Zoning and Classification

Present Land Use <b>Waste Disposal Site</b>	Present Official Plan Designation <b>Zone E - Enterprise Zone</b>	Present Zoning Category <b>Zone E - Enterprise Zone</b>
Adjacent Land Use (select all that apply) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Other (specify): <b>Abandoned quarry and School</b>		
Does the site currently have proper zoning for the proposed facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has this facility been identified as part of the Official Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant received municipal zoning confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach correspondence from the municipality</i>		

## Section 4: Facility Information

### 4.1 Facility Description (information on the nature of the proposed business or activity at this site)

Type of Facility / Operation <small>(select all that apply &amp; complete all appropriate sections)</small>								
<input checked="" type="checkbox"/> Landfill	<input type="checkbox"/> Transfer	<input type="checkbox"/> Processing	<input type="checkbox"/> Thermal Treatment Facility	<input type="checkbox"/> Household Hazardous Waste				
<input type="checkbox"/> Closed / Decommissioned	<input type="checkbox"/> Composting							
Days and Hours of Operation	Population Served by this Site (#)	Service Area			Total Area of Site (hectares)			
Mon to Fri 2-6 pm & Sat 9am to 5pm	3,860	Town of Marathon			15.20			
Monitoring <small>(select all that apply)</small>								
<input checked="" type="checkbox"/> Groundwater	<input checked="" type="checkbox"/> Surface Water	<input checked="" type="checkbox"/> Landfill Gas	<input checked="" type="checkbox"/> Leachate	<input type="checkbox"/> None	<input type="checkbox"/> Other (specify):			
Type(s) of Waste to be Accepted at this Site <small>(select all that apply)</small>								
<input checked="" type="checkbox"/> Municipal Waste	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Liquid Industrial Waste	<input type="checkbox"/> Other Liquid Waste					
Municipal Waste Categories to be Accepted at this Site <small>(select all that apply)</small>								
<input type="checkbox"/> All Categories	<input checked="" type="checkbox"/> Domestic Sources	<input checked="" type="checkbox"/> IC&I Sources	<input checked="" type="checkbox"/> Source Separated Organics	<input type="checkbox"/> Tires	<input checked="" type="checkbox"/> Leaf & Yard Waste			
<input type="checkbox"/> Contaminated Soil	<input checked="" type="checkbox"/> Wood Waste	<input checked="" type="checkbox"/> Blue Box Materials	<input checked="" type="checkbox"/> Other (specify):		Dewatered biosolids			
Other Liquid Waste Categories to be Accepted at this Site <small>(select all that apply)</small>								
<input type="checkbox"/> Processed Organics	<input type="checkbox"/> Waste from Food Processing / Preparation Operations		<input type="checkbox"/> Hauled Sewage	<input type="checkbox"/> Other (specify):				
Hazardous / Liquid Industrial Waste Types to be Accepted at this Site								
Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code	Class Code

### 4.2 Other Approvals for Facility – Please attach a separate list if more space is required

Separate list attached?  Yes  No

List all other environmental approvals/permits applied for related to this project or received in relation to this project under the *Environmental Protection Act* (discharges to air, waste management, etc.) and the *Ontario Water Resources Act* (water and sewage works).

Approval Type	Approval Number <small>(if approval issued)</small>	Approval or Application Date (dd/mm/yyyy)	Approval Type	Approval Number <small>(if approval issued)</small>	Approval or Application Date (dd/mm/yyyy)

### 4.3 Waste Transfer and/or Processing / Composting – Complete this information if waste transfer and/or processing take place at this facility.

*You are not required to complete section 4.3.*

Liquid Waste									
Maximum Storage Capacity (m <sup>3</sup> )			Maximum Residual for Final Disposal (m <sup>3</sup> )						
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous		Liquid Industrial		Other Liquid Waste		
			Daily	Annually	Daily	Annually	Daily	Annually	
Solid Waste									
Maximum Storage Capacity (tonnes)				Maximum Residual for Final Disposal (tonnes)					
Hazardous		Non-Hazardous		Hazardous		Non-Hazardous			
				Daily	Annually	Daily	Annually	Daily	Annually
Maximum Amount of Waste to be Received Daily									
Liquid (m <sup>3</sup> )			Solid (tonnes)						
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous		Non-Hazardous				
Design Capacity					Requires Fundamental Design Review?				
Hazardous waste or liquid industrial waste			<input type="checkbox"/> ≤ 100 tonnes per day	<input type="checkbox"/> > 100 tonnes per day	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Waste other than hazardous waste and liquid industrial waste			<input type="checkbox"/> ≤ 100 tonnes per day	<input type="checkbox"/> > 100 tonnes per day	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

**4.4 Thermal Treatment Facility** – Complete this information if thermal treatment takes place at this facility

You are not required to complete section 4.3.

Maximum Storage Capacity ( $m^3$ )			Liquid Waste					
Hazardous	Liquid Industrial	Other Liquid Waste	Hazardous		Liquid Industrial		Other Liquid Waste	
			Daily	Annually	Daily	Annually	Daily	Annually

Maximum Storage Capacity (tonnes)		Maximum Residual for Final Disposal (tonnes)					
Hazardous	Non-Hazardous	Hazardous		Non-Hazardous		Non-Hazardous	
		Daily	Annually	Daily	Annually	Daily	Annually

Maximum Amount of Waste to be Received Daily				
Hazardous	Liquid ( $m^3$ )		Other Liquid Waste	Solid (tonnes)
	Liquid Industrial			

Maximum Daily Feed Rate (tonnes/ $m^3$ )			
Hazardous Waste (tonnes)	Non-Hazardous Waste (tonnes)	Liquid Industrial Waste ( $m^3$ )	Other Liquid Waste ( $m^3$ )

Design Capacity		Requires Fundamental Design Review?	
Hazardous waste or liquid industrial waste	<input type="checkbox"/> $\leq 100$ tonnes per day <input type="checkbox"/> $> 100$ tonnes per day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste other than hazardous waste and liquid industrial waste	<input type="checkbox"/> $\leq 100$ tonnes per day <input type="checkbox"/> $> 100$ tonnes per day	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4.5 Landfill Site** – Complete this information if this facility operates as a landfill site

Maximum Landfilling Capacity ( $m^3$ )			
Hazardous Waste	Non-Hazardous Waste	Liquid Industrial Waste	Other Liquid Waste
	506,532.00		

Maximum Amount of Waste to be Received							
Hazardous Waste (tonnes)		Non-Hazardous Waste (tonnes)		Liquid Industrial Waste ( $m^3$ )		Other Liquid Waste ( $m^3$ )	
Daily	Annually	Daily	Annually	Daily	Annually	Daily	Annually
			3,600.00				

Landfill Information		
Area to be Landfilled (hectares)	Estimated Date of Closure (y/m/d)	Control Types (select all that apply)
7.00	2009/12/31	<input type="checkbox"/> Leachate Collection <input type="checkbox"/> Landfill Gas Collection <input checked="" type="checkbox"/> Other (describe): <u>Environmental Monitoring</u>

Design Capacity	Requires Fundamental Design Review or Hydrogeological Assessment?
Hazardous waste or liquid industrial waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste referred to in item 15 Schedule 4, O. Reg. 363 (uncontaminated tree stumps, leaves, branches, concrete and rocks)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Waste other than hazardous waste and liquid industrial waste, other than site referred to in item 15, schedule 4, O. Reg. 363	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Design Capacity		
<input checked="" type="checkbox"/> $\leq 40,000 m^3$	<input type="checkbox"/> $> 40,000 m^3 \leq 3 \text{ million } m^3$	<input type="checkbox"/> $> 3 \text{ million } m^3$

## Section 5: Regulatory Requirements

### 5.1 Environmental Assessment Act (EAA) Requirements

Are the works for which this proposal is made subject to (or exempted from) the requirements of the EAA?  Yes  No

If "Yes," please check one of the following

The works for which this application is made are exempt from the requirements of the EAA under:

Section \_\_\_\_\_ of Ontario Regulation No. \_\_\_\_\_ or

Declaration/Exemption Order Number \_\_\_\_\_

*If Regulation, Declaration Order or Exemption Order does not refer directly to this facility, state in a covering letter or other document why it does apply to this facility – Please provide supporting information*

The works for which this application is made have fulfilled all of the requirements of the EAA through the completion of the requirements of a Class EA process:

Name of Class EA: \_\_\_\_\_

Schedule/Group/Category (if applicable): \_\_\_\_\_

*If applicable, please submit a copy of the completion documents.*

Were Part II Order requests received?  Yes  No *If Yes, please submit a copy of the Minister's decision letter.*

The works for which this application is made have fulfilled all of the requirements for the EAA through:

Completion of an Environmental Screening Process pursuant to O. Reg. 101/07 of the EAA.

*Please submit the Statement of Completion, and indicate if any Elevation Request(s) were received. If Elevation Request(s) were received, please submit a copy of the Director's decision letter.*

Completion of an Environmental Assessment

*Please submit a copy of the signed Notice of Approval.*

### 5.2 Hearing under the Environmental Protection Act

Is this application subject to a requirement for a mandatory hearing under s.30 of the *Environmental Protection Act*?

Yes  No

### 5.3 Environmental Bill of Rights (EBR) Requirements

Is this a proposal for a prescribed instrument under EBR?  Yes  No

If "Yes", is this proposal exempted from EBR requirements?  Yes  No

If "Yes," please check one of the following

This proposal has been considered in a substantially equivalent process or by a decision of a tribunal. *Please provide supporting information*

This proposal is for an amendment to or revocation of an existing Certificate of Approval that is not environmentally significant.

*Please provide supporting information*

This proposal is for an emergency situation. *Please provide supporting information*

This proposal has been subject to or exempted from EAA Requirements. *Please provide supporting information*

### 5.4 Additional Public Consultation/Notification

Has any additional public consultation / notification related to the project is in the process of being completed or has previously been completed (*such as public hearings or notification of First Nations*)

Yes If "Yes",

1) describe the public consultation / notification below;

No 2) attach a separate list describing each of these consultation activities, the results achieved, and planned future consultation activities.

## Section 6: Supporting Information

### 6.1 Supporting Information Checklist - This is a list of all supporting information to this application and is subject to the FOIPPA and EBR.

Mandatory	Attachment	Attached	Reference	Confidential* (✓)
★	Proof of Legal Name of Applicant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Copy of NEPDA Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Copy of Municipal Planning Approval (ORMCA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Reference Plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Name, Address and Phone Number of the Operating Authority	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Name, Address and consent of land/site owner for the installation/construction and operation of the works/facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
★	Yes Verification of EBR Public Participation Exception	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 4	<input checked="" type="checkbox"/>
	Record of Public Consultation Report	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
	Zoning Confirmation from the Municipality	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
★	Yes Site Plan/Location Map with Geo-referencing point(s) identified	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Figure 1 - Attachment 4	<input checked="" type="checkbox"/>
★	Yes Design and Operations Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 1 - 2003 Operations Plan	<input checked="" type="checkbox"/>
	Drainage Study	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
★	Yes Hydrogeological Assessment Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 2 - 2008 Annual Monitoring & Progress Report	<input checked="" type="checkbox"/>
	Waste Comprehensive Requirements 1. Engineers Report 2. Declarations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
★	Application Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
	Financial Assurance/ Financial Assurance Estimates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
★	Yes A copy of this application has been sent to the local district office	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
★	A copy of this application has been sent to the local municipality	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
	Record of EA Process: 1. Class EA Completion documents, or 2. Environmental Screening Process- Statement of Completion, or 3. Individual EA – Notice of Approval.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>
Other Attachments				
	Title	Reference		Confidential* (✓)
★	Closure Plan - Marathon Landfill Site (April 2007)	Attachment 3		<input checked="" type="checkbox"/>
★	Marathon Landfill Proposed Expansion Summary	Attachment 4		<input checked="" type="checkbox"/>
★	Marathon Landfill Phased Approach Staff Report	Attachment 5		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
	Are you attaching an additional list of attachments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If there is not enough space to list all of the attachments included in this application package, please include an additional listing of these attachments.		<input type="checkbox"/>

**\*Please note:** the release of information contained in application forms and documentation submitted in support of applications for approval is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. This Act defines what may and may not be disclosed to the public, and is used to assess all requests for information contained in the documents on file with an application for approval. The information submitted with an application for approval may also be subject to the *Environmental Bill of Rights*. In those situations, the application and the associated non-confidential supporting documentation is made available for review by members of the public. The applicants should therefore identify all documents as noted above which are to be considered confidential and must provide detailed evidence in support of this claim. This evidence will be one of the factors the ministry would consider when making a decision regarding disclosure of specific documents on file.

For Office Use Only			
Reference Number	Payment Received \$	Date (y/m/d)	Initials

**Payment Information: Application for a Provisional Certificate of Approval for a Waste Disposal Site**

**Please Note:**

1. If you are completing this form by hand, you must attach a copy of the form titled "Costs for EPA s.27 (Waste Management) Applications - Supplement to Application for Approval" (PIBS 4186). You do not need to attach the supplemental form if you are filling in this form electronically.
2. If you are completing this form electronically, the fees for this application have been calculated based on the information you have provided. The Ministry may require additional information during the review of your application that could impact the total fee required.
3. All fees should be paid in Canadian funds, payable to the Ontario Minister of Finance.
4. Credit card payments are accepted for payments under \$10,000 only.
5. If you are paying by certified cheque or money order, please staple your payment to this page.
6. Do not include this page in the copies of your application that are being provided to the local MOE Office or the local municipality(s).
7. The information collected in this section of the form is considered confidential and will only be used to process your application fee.

Amount Enclosed	Method of Payment		
\$ <input type="text"/>	<input checked="" type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Journal Entry
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express

**Credit Card Information** (if paying by VISA, MasterCard or American Express)

Name on Card (please print)	Credit Card Number	Expiry Date (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Signature		Date (yyyy/mm/dd)
<input type="text"/>		<input type="text"/>

*If paying by certified cheque or money order, please attach it here.*