

DEPARTMENT OF ENVIRONMENTAL PLANNING AND PROTECTION
POLLUTION CONTROL APPLICATION

1. Individual/Company Name:

a) Facility Name (if different from the Company):

b) Facility Location (e.g. street address):

c) Name of Parent Company:

2. Type of Organization: Corporation Individual Owner Partnership
 Government Agency Other:

a) General nature of business: _____

b) Mailing Address: _____

c) City: _____ Island _____

e) Phone Number: _____

f) Email Address: _____

3. Name of Owner/Owner's Agent: _____

a) Title: _____ (if Owner's agent, please include title)

b) Mailing Address: _____

c) City: _____ Island/State: _____

d) Zip Code (if applicable): _____

e) Phone number: _____

f) Email Address: _____

4. Project Site Manager/Other Contact _____

a) Phone: _____

b) Email Address: _____

c) City: _____ Island: _____

5. Permit Application Basis: (Check all applicable categories.)

- Initial Permit for a New Source Initial Permit for an Existing Source
- Renewal of Existing Permit Temporary Source
- Modification ____ Significant ____ Minor ____ Uncertain

a) If renewal or modification, include existing permit number

6. Description of the operation which will result in the generation of pollutant(s)

7. Name of pollutant(s) requested to be emitted (include chemical names):

8. Classification of pollutant(s): Please correspond with Section 7 of Application

9. Method for pollutant discharge (include information on the equipment which will be used):

a) Location for pollutant discharge:

b) Emission control equipment _____ (any equipment to reduce or control emissions)

c) Status of emission control equipment: (operable) _____ (inoperable) _____

FOR OFFICIAL USE ONLY

Application Received..... Received by.....
(Date) (Signature)

Acknowledgement Sent (Date)

Evidence of payment of prescribed application Fee (\$) Yes No

Approved Yes No Cash Credit/Debit Cheque

If payment is made via cheque, please provide cheque Number: _____

DEPARTMENT OF ENVIRONMENTAL PLANNING AND PROTECTION

Pollution Control Permit

Permit Number _____

Date Issued: _____

Valid for Period _____

The following Pollution Control Permit is hereby issued to:

_____ (name of company or individual)

to discharge _____ (state pollutant) at _____ .(insert location of discharge)

This permit is subject to the conditions outlined below and is only valid for the person or company, location(s) and intention(s) specified in this document.

Dated this ____ day of _____ 20____

Director
Department of Environmental Planning and Protection