

Environnement Canada

PERMIT APPLICATION (DISPOSAL AT SEA)*

Application Identification
(EC OFFICE USE ONLY)
Name:
Number:

* Ce formulaire est aussi disponible en français

PROPOSED ACTIVITY

Permits are issued in accordance with Division 3 of Part 7 of the <i>Canadian Environmental Protection Act, 1999</i> (the "Act"). "Disposal" has the same meaning as in subsection 122(1) of the Act. Information provided on this form will be used to evaluate the application for a permit.				
Applicants should consult their nearest regional Disposal at Sea Program office of Environment Canada before preparing or submitting an emergency permit application under section 128 of the Act.				
The following activities are covered by this application. Indicate those activities that apply to you:				
 □ 1. Loading for the purpose of disposal □ 3. Disposal on ice □ 4. Other: 				

SUBSTANCE TO BE DISPOSED OF AT SEA:

Fish waste and other organic matter resulting

	from industrial fish processing operations (Fish processing wastes)			
IDENTIFICATION AND A	PPLICANT INFO	ORMATION		
NAME OF APPLICANT		TELEPHONE NO.	I	EMAIL ADDRESS/FAX NO.
ADDRESS	TYPE OF BUSINESS			
PERMIT HISTORY - List the permit relevant to this application.	numbers and expiry dates	s of any previous permits (to a ma	aximum of fiv	ve), including renewals, that are
Permit No.	Expiry Date (year/r	nonth)		
NAME OF INDIVIDUAL(S) RESPO PROPOSED ACTIVITY	NSIBLE FOR	TELEPHONE NO.	F	EMAIL ADDRESS/FAX NO.
NAME OF TECHNICAL CONTACT PROPOSED ACTIVITY	TELEPHONE NO.		EMAIL ADDRESS/FAX NO.	
NFORMATION ON THE 1	PROPOSED ACT	TVITY AND GENERA	L INFOR	RMATION
DESCRIPTION OF THE ACTIVITY	- Give a general descrip	tion of the proposed activity and	its purpose.	
			NUM	IBER OF PAGES ATTACHED [
SUBSTANCE TO BE DISPOSED OF			TOTAL (QUANTITY (t)
sea. See the information below for details of the Applicant's Guide - Chapter 3: The intended to help you meet the minimum	Disposal at Sea Permitti	ng Process for Fish Waste is		
Provide the following information in res			DF PERMIT REQUESTED imum one year)	
a) the species;b) the type (e.g., shells or offal); andc) the source.			fron	n year month day
			to	year month day



RENEWALS							
DO YOU WANT THE REQUESTED PERMIT TO BE CONSIDERED FOR RENEWAL?				ONSIDERED	RENEWAL QUANTITY (metric tonnes): Estimate the maximum quantity for disposal under each expected renewal.		
Yes	Yes No		First Renewal				
					Second Renev	wal	
NUMBER OF POTENTIA	L REN	EWALS	REQUIRED	– Indicate	Third Renewa	al	
how many times renewal ma	y be req	uired (max	ximum four i	renewals).	Fourth Renev	val	
LOAD SITE(S)							
NAME AND ADDRESS OF SITE(S) (if any)			U DE I degrees to f referencing N			rees to five decimal noting NAD83)	QUANTITY TO BE LOADED (t)
DISPOSAL SITE(S) - Prov				-	_	sal site or release zone.	
DISPOSAL SITE NAME (if any)	degree	TUDE (des to five of referencing		degrees to fiv places, reference	e decimal	DEPTH (metres)	QUANTITY TO BE DISPOSED OF (t)
Provide an estimate of the movement and dispersion in the water column and on the sea floor of the substance disposed of at sea. In the case of disposal at a new disposal site or disposal on ice, see the Applicant's Guide - Appendix C: Guidance for Disposal Site Selection or contact the nearest Disposal at Sea regional office for details of additional information that must be included in your application.							
NUMBER OF PAGES ATTACHED							
ROUTE FROM LOAD SITE TO DISPOSAL SITE - Attach a map, chart or good reproducible set of drawings that shows the location of each load site and each disposal site. If the route is not direct, explain why and show the intended route on the map, chart or drawings.							
toad site and each disposal site. If the route is not direct, explain why and show the intended route on the map, chart of drawings.							
NUMBER OF DOCUMENTS ATTACHED							



EQUIPMENT AND METHODS - Describe the equipment and melow or provide a description under "other," if applicable.	nethods to	be used at each load	d site and disposal site	e. Check the appropriate boxes
Loading equipment/method: conveyor from wharf to vessel conveyor to fish tote				
fish tote contents loaded into barge via forklift				
Disposal equipment/method: bottom dumping towed scow towed or self-propelled barge				
other:				
Union.				
			NUMBER	OF PAGES ATTACHED
METHODS OF PACKAGING AND CONTAINMENT				
			NUMBER (OF PAGES ATTACHED
DISPOSAL SPECIFICATIONS				
MAXIMUM QUANTITY PER DISPOSAL (t)				
FREQUENCY (disposals per day, week or month)				
SPEED DURING DISPOSAL		TIME DECLUDED	NEOD DISCHARCE	(minutas)
SPEED DURING DISPOSAL		TIME REQUIRED	FOR DISCHARGE	L (minutes)
TRACK TO BE FOLLOWED DURING DISPOSAL				
			NIIMRED (OF PAGES ATTACHED
			NUMBER	OF FAGES ATTACHED
CARRIER INFORMATION - If unknown, this may be	be provide	ed at a later date but	prior to start of operat	ions.
NAME AND ADDRESS OF CARRIER	TELEI	PHONE NO.	EMAII	L ADDRESS/FAX NO.
NAME, TITLE AND ADDRESS OF OWNER OF SHIP,	TELEI	PHONE NO.	EMAII	L ADDRESS/FAX NO.
AIRCRAFT, PLATFORM OR STRUCTURE USED TO CARRY OUT DISPOSAL				
NAME OF INDIVIDUALS RESPONSIBLE FOR LOADING OR DISPOSAL ON BEHALF OF APPLICANT	TELEI	PHONE NO.	EMAII	L ADDRESS/FAX NO.
(including the master)				
NAME OR NUMBER OF SHIP, AIRCRAFT, PLATFORM O	R STRU	CTURE USED TO	CARRY OUT DISP	OSAL



			onmental impact assessment described in this application		y federal, provincial,
ISSUING AGENCY	TYPE OF	ID NO.	DATE OF APPLICATION (year/month/day)	DATE OF APPROVAL (year/month/day)	DATE OF REFUSAL (year/month/day)
IBBERTO RELITET	INTROVILE	10.	(year/monarady)	(jear/month/day)	(year, monan, aay)
NOTICE OF APPLIC	ATION - Attach evidence	that a notice was pu	blished under paragraph 127	(2)(d) of the Act.	
CLIPPING ATTACH	ED				
NAME OF PUBLICA	TION	PLACE OF PUBL	ICATION (city, province)	DATE OF PUBLIC	ATION (year/month/day)
PROXIMITY TO	O SENSITIVE ARE	EAS			
all sensitive areas in the		licate your sources of	ovide a map that shows, by r		
SENSITIVE AREAS			SYMBOL	SOURCES OF INFOR	MATION
(a) recreational areas;			(RA)		
(b) spawning and nurse	ry areas;		(SN)		_
(c) known migration ro	utes of living marine resour	ces;	(MR)		_
(d) sport and commercia	al fishing areas;		(FA)		
(e) areas of natural beau	uty or cultural or historical	importance;	(BH)		
(f) areas of special scie	ntific or biological importa	nce;	(IS)		
(g) aquaculture;			(AC)		
(h) shipping lanes;			(SL)		
	having engineering uses (r	nining, cables,	(EII)		_
	gy conversion sites); eas, ecological reserves and	hind construction	(EU)		
		bird sanctuaries;	(PA)		
(k) critical habitat for sp			(CH) (Y7)		
(1) other areas (describe	e use, e.g., water intakes).		(XZ)		
				NUMBER OF PA	AGES ATTACHED
DETAILED CHA	ARACTERIZATIO	ON OF FISH V	VASTE		
the conditions listed bel	low have been met. If possil	ble, attach detailed o	ation of the fish waste by product and methods and the quacess for Fish Waste for detail	ality assurance and contr	ol data and methods. See
generated by tWastes have rwastes may no	finfish aquaculture operatio	ns. (degraded fish waste isposal site to the ex			
	ng wastes have been ground			Minaben ov 2	ACES ATTACHED



INFORMATION ON ALTERNATIVES TO DISPOSAL AT SEA

WASTE ASSESSMENT See Schodule 6 of the Act or contect the money Discount of Security of Se
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NUMBER OF PAGES ATTACHED
ALTERNATIVES - Provide a comparative assessment of disposal at sea and other practicable alternatives that indicates the following:
(a) environmental impact;(b) risk to human health;
(c) hazards (including accidents) associated with treatment, packaging, transport and disposal;
(d) economics (including energy costs); and
(e) conflicting use of resources (potential and actual).
NUMBER OF PAGES ATTACHED
NUMBER OF FAGES ATTACHED
PREVIOUS DISPOSAL METHODS - Describe the methods, if any, other than disposal at sea that you have previously used to dispose of the same
type of substance. Indicate dates and locations.
NUMBER OF BACES ATTACHED
NUMBER OF PAGES ATTACHED
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	hich they are the most sensitive (active time of ye	ear).
		_
		NUMBER OF PAGES ATTACHED _
If this application is to be submitted	ed by an agent of the Applicant, the Applicant mu	ust complete the following authorization:
I authorize furnish, on request, supplemental	(print name) to act on m information in support of this application.	y behalf as my agent in the processing of this application and to
Date	Name (print)	Signature
this application and that, to the be		ication. I certify that I have reviewed the information provided in s true, complete and accurate. I further certify that I am authorized agent.
Date	Name (print)	Signature
	Telephone No.	Fax No.

Send the completed permit application, the application fee and all supporting documentation to your nearest regional Disposal at Sea Program office of Environment Canada.

