

Aggregate Permittees Compliance Assessment Report - Aggregate Resources Act

Background Information			Year:
Permittee:		Permit #:	
Lot:	Conc.:	Geographic Twp./OBM #:	Municipality:
UTM: <small>(UTM Co-ordinates required for Unsurveyed Territory)</small>			MNR District/Area Office:

Observations

OPERATING STANDARDS	IN COMPLIANCE?			COMMENTS	Rem
	Yes	No	N/A		
<i>A - Site Access</i>					Y
A1 Boundaries (clearly marked)					
A2 Entrance and Exits (location/closed)					
B - Site Protection					
B3 Fencing					
B4 Screening (trees/berms)					
B5 Setbacks (15m / 30m or other)					
C - Operational Details					
C6 Operating Sequence					
C7 Stripping (overburden)					
C8 Overburden Seeded					
C9 Extraction Depth				Lowest floor elevation _____m	
C10 Buildings/Scales (location)					
C11 Equipment (any specific conditions or restrictions)					
C12 Plant (location/any specific conditions or restrictions)					
C13 Scrap (location/removal)					
C14 Stockpiles (location)					
C15 Topsoil (location/seeded)					
C16 Excavation Faces					
C17 Ponds (location/depth)					
C18 Internal Roads (any specific conditions or restrictions)					
C19 Haul Routes (external/any specific conditions or restrictions)					
C20 Blast Monitoring Report (quarries only)					
C21 Dust Suppression					
C22 Hours of Operation (any specific conditions or restrictions)					
C23 Well Monitoring Reports					
C24 Orderly Conditions					
C25 Blasting Hours (quarries only)					

Note: Any (✓"No") requires completion of Page 3

Date Submitted to MNR: Y / M / D	/ /	<i>Please ensure that the site plan you have is the most current plan and is the same as the one MNR has on file.</i>
Is the site held in reserve? <input type="checkbox"/> YES or <input type="checkbox"/> NO		

Copies of Report Sent to:	County/Regional Municipality	Local Municipality	Ministry of Natural Resources
(by September 30th)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES

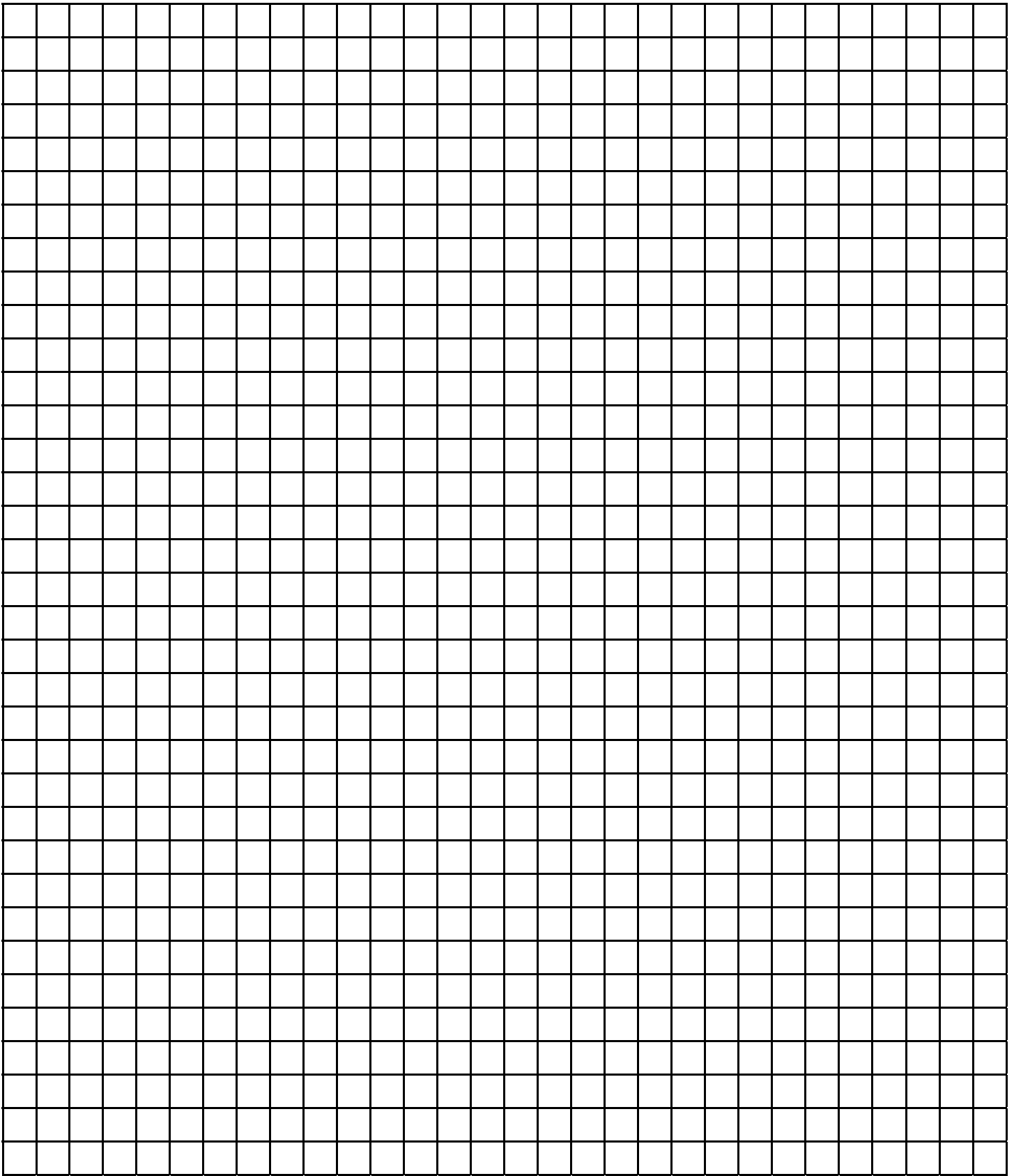
TO BE COMPLETED BY PERSON CONDUCTING REVIEW (including on-site inspection)			
Date Inspected: Y / M / D	/ /	Review Conducted by: (Please Print)	Signature (if different than Permittee):
Name of Company and Address:			
Position with Company:			

Signature of Permittee or Authorized Official:

FOR MNR OFFICE USE ONLY				
Accepted by MNR: (✓ one)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Accepted: Y / M / D	/ /	MNR Signature:
Field Audit by MNR: (✓ one)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Inspected: Y / M / D	/ /	MNR Signature:
Follow up Notice Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit #:		

- Pursuant to Subsection 57(4) of the ARA, it is an offence to furnish false information.
- You must provide a sketch if remedial action is required or progressive rehabilitation has been performed.
- In order to extend the 90-day remedial action deadline date, you must obtain the Aggregate Inspector's approval (in writing) prior to filing the report with the Inspector or local MNR office.
- Please submit this report to the Aggregate Inspector who administers your site, or the local MNR office.

(NOTE: ALL INFORMATION IN RESPECT OF THIS REPORT IS AVAILABLE FOR PUBLIC REVIEW)



Licensees Compliance Assessment Report - Aggregate Resources Act

Background Information			Year:
Licensee:		Licence ID #:	MNR District/Area Office:
Lot:	Conc.:	Geographic Twp.:	Municipality:

Observations					
OPERATING STANDARDS	IN COMPLIANCE?			COMMENTS	Remedial Action?
	Yes	No	N/A		
<i>A - Site Access</i>					Y
A1	Boundaries (clearly marked)				
A2	Entrance and Exits (location/closed)				
A3	Lease/Ownership/Extraction Agreement				
B - Site Protection					
B4	Fencing				
B5	Fencing (site plan variation or temporary relief granted)				
B6	Screening (trees/berms)				
B7	Setbacks (15m / 30m or other)				
C - Operational Details					
C8	Operating Sequence				
C9	Stripping (overburden)				
C10	Overburden Seeded				
C11	Extraction Depth			Lowest floor elevation _____m	
C12	Buildings/Scales (location)				
C13	Equipment (any specific conditions or restrictions)				
C14	Plant (location/any specific conditions or restrictions)				
C15	Scrap (location/removal)				
C16	Stockpiles (location)				
C17	Topsoil (location/seeded)				
C18	Excavation Faces				
C19	Ponds (location/depth)				
C20	Internal Roads (any specific conditions or restrictions)				
C21	Haul Routes (external/any specific conditions or restrictions)				
C22	Blast Monitoring Report (quarries only)				
C23	Dust Suppression				
C24	Hours of Operation (any specific conditions or restrictions)				
C25	Well Monitoring Reports				
C26	Identification Sign (as per Sect. 5.22 of Provincial Standards)				
C27	Orderly Conditions				
C28	Blasting Hours (quarries only)				

Note: Any (✓"No") requires completion of Page 3

Date Submitted to MNR: Y / M / D	/ /	<i>Please ensure that the site plan you have is the most current, approved plan and is the same as the one MNR has on file.</i>
Is the site held in reserve? <input type="checkbox"/> YES or <input type="checkbox"/> NO		

Copies of Report Sent to:	County/Regional Municipality	Local Municipality	Ministry of Natural Resources
(by September 30th)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES

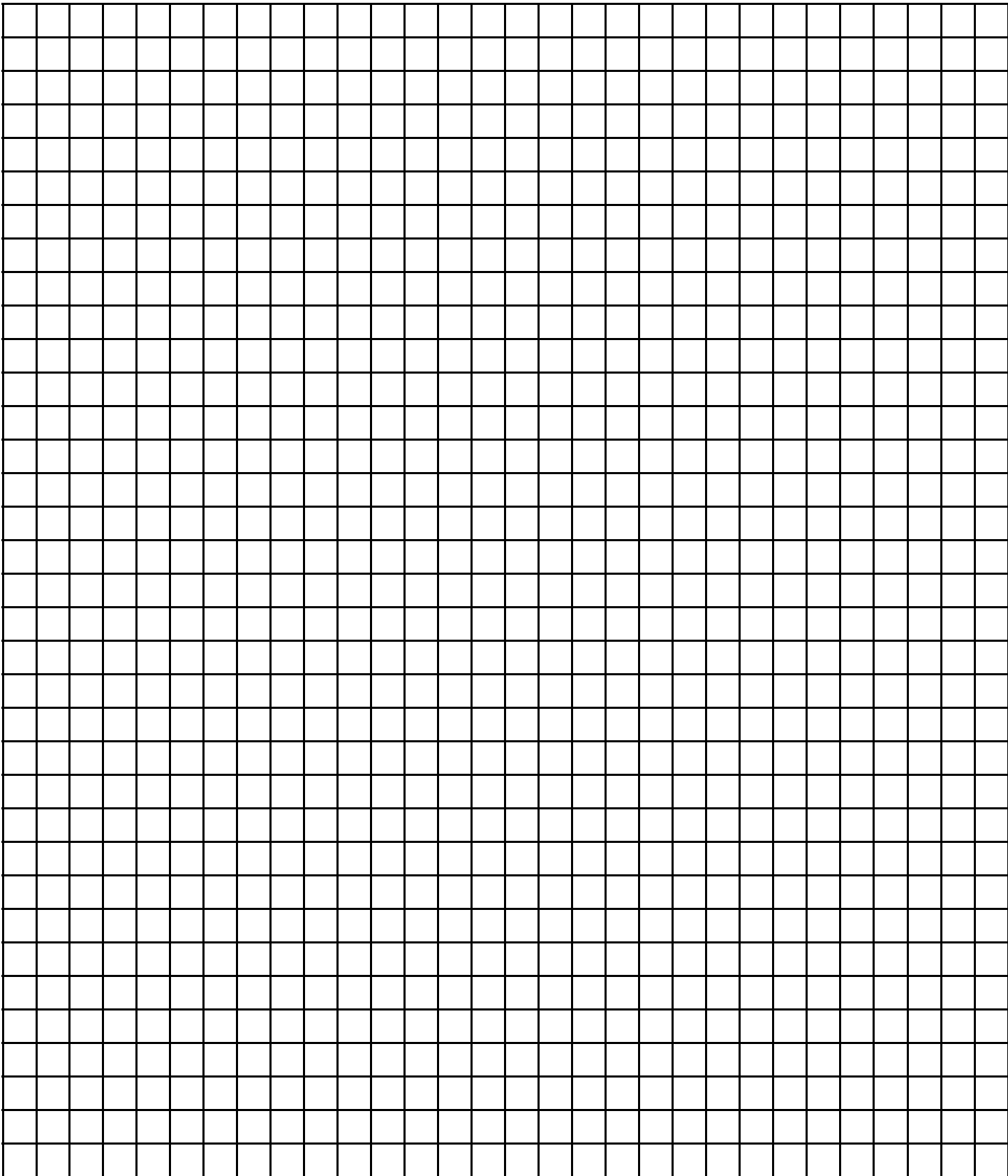
TO BE COMPLETED BY PERSON CONDUCTING REVIEW (including on-site inspection)			
Date Inspected: Y / M / D	/ /	Review Conducted by: (Please Print)	Signature (if different than licensee):
Name of Company and Address:			
Position with Company:			

Signature of Licensee or Authorized Official:

FOR MNR OFFICE USE ONLY				
Accepted by MNR: (✓ one)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Accepted: Y / M / D	/ /	MNR Signature:
Field Audit by MNR: (✓ one)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Inspected: Y / M / D	/ /	MNR Signature:
Follow up Notice Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Licence ID #:		

- Pursuant to subsection 57(4) of the ARA, it is an offence to furnish false information.
- You must provide a sketch if remedial action is required or progressive rehabilitation has been performed.
- In order to extend the 90-day remedial action deadline date, you must obtain the Aggregate Inspector's approval (in writing) prior to filing the report with the Inspector or local MNR office.
- Please submit this report to the local Aggregate Inspector who administers your site, or the local MNR office.

(NOTE: ALL INFORMATION IN RESPECT OF THIS REPORT IS AVAILABLE FOR PUBLIC REVIEW)



Category 13 - Aggregate Permittees Compliance Assessment Report - Aggregate Resources Act

Background Information

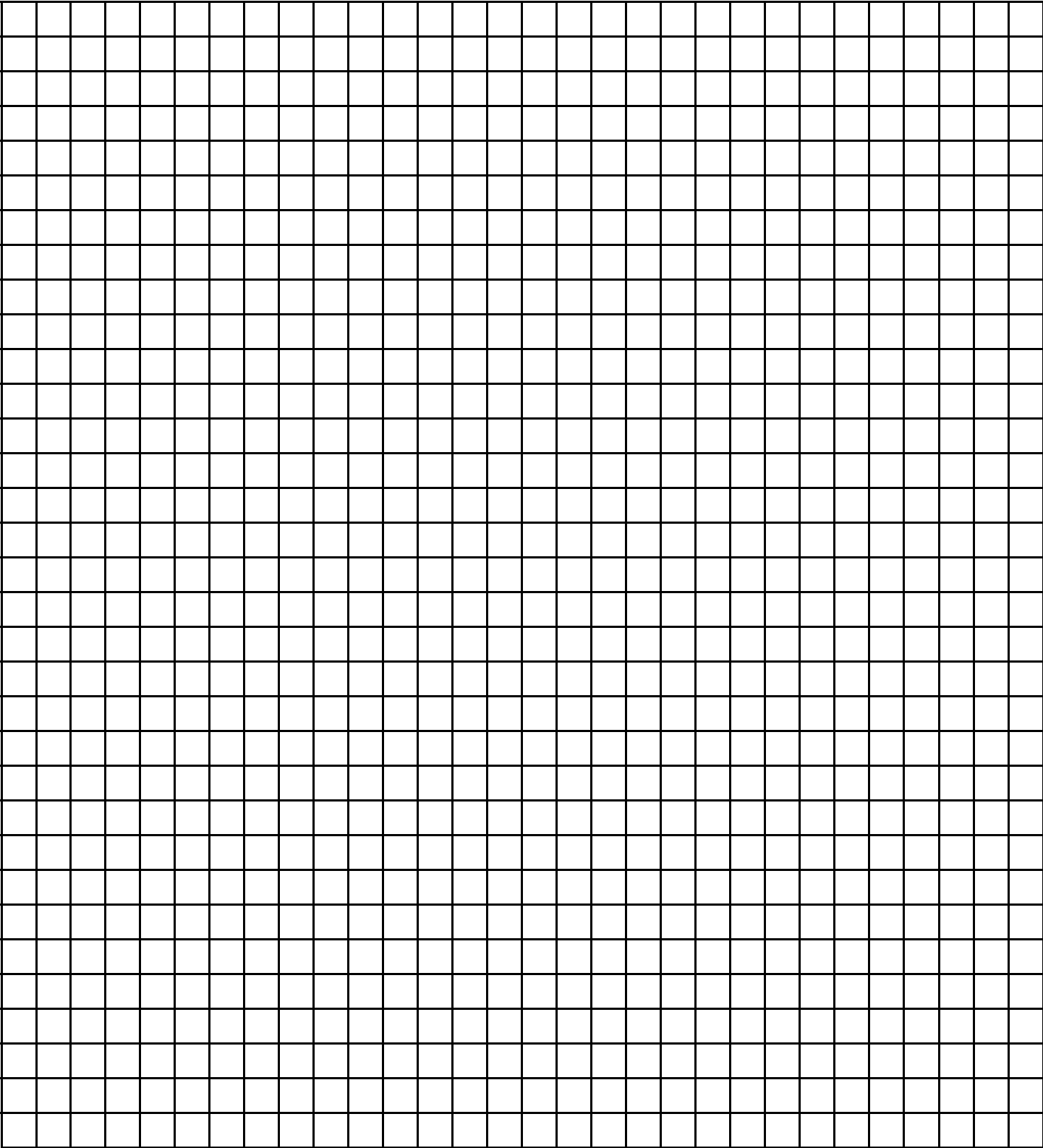
Permittee:				Permit #:	
Lot:		Conc.		Township:	
UTM:				Water Body:	

Observations

OPERATING STANDARDS	COMPLIANCE?			Comments	Remedial Action
	Y	N	n/a		
A - Site Access					Y
A1 Boundaries					
A2 Land Status					
B - Operational Details					
B3 Operating Sequence					
B4 Mitigation (if required)					
B5 Extraction					
B6 Extraction Depth				Current depth ____	
B7 Structures (location)					
B8 Equipment					
B9 Logs Maintained					
B10 Monitoring (if required)					
B11 Seasons of Operation					
B12 Days of Operation					
B13 Months of Operation					
B14 Hours of Operation					
C - List Specific licence, site plan, conditions, reliefs and/or prescribed Conditions					
C15 Other Monitoring Reports					
C16 Requirements of C of A's					
C17 Noise Mitigation					
C18 Fuel Storage Tanks					
C19 Spills Plan					
C20 Permit to Take Water					
D - Other Conditions					

Observations continued							
		COMPLIANCE?			Comments	Remedial Action (✓ one)	
		Y	N	n/a			
D - Financial Obligations							
D21 Tonnage Condition							
D22 Tonnage Report submitted (Jan. 31)							
D23 Permit Fee Paid (Mar. 15)							
D24 Royalty Paid(Mar. 15)							
General Comments:							
Date Submitted to MNR: Y / M / D		/ /		Please ensure that the site plan you have is the most current plan and is the same as the one MNR has on file.			
Is the site held in reserve? <input type="checkbox"/> YES or <input type="checkbox"/> NO OR Is the site currently inactive? <input type="checkbox"/> YES or <input type="checkbox"/> NO							
Copies of Report Sent to (check one): (by September 30th)		County/Region <input type="checkbox"/> YES or <input type="checkbox"/> NO		Local Municipality <input type="checkbox"/> YES or <input type="checkbox"/> NO		Ministry of Natural Resources <input type="checkbox"/> YES or <input type="checkbox"/> NO	
TO BE COMPLETED BY INDUSTRY PERSONNEL							
Date Inspected: Y / M / D		/ /		Review Conducted by:		Position with Company:	
Name of Company:				Signature of Permittee:			
Telephone #:							
FOR MNR OFFICE USE ONLY							
Date Received by MNR: Y / M / D		/ /		MNR District:		MNR Signature:	
Inspected by MNR: (✓ one)		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Inspected: Y / M / D		/ /		MNR Signature:
Accepted by MNR: (✓ one)		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Accepted: Y / M / D		/ /		MNR Signature:
Follow up Notice Required? YES <input type="checkbox"/> NO <input type="checkbox"/>						Permit #:	

Pursuant to Subsection 57(4) of the ARA, it is an offence to furnish false information.



Permit #: _____