

Environmental Protection File No.: \_\_\_\_\_

**APPLICATION FOR A PERMIT UNDER THE PROVISIONS OF  
THE ENVIRONMENTAL MANAGEMENT ACT  
(Air)**

*THIS APPLICATION is to be filed with the Regional Waste Manager at 1011 4th Avenue, Prince George, British Columbia, V2L 3H9.*

*Any person who may be adversely affected by the granting of a permit may, within 30 days after the last date of posting, publishing, service or display under Section 7 of the Public Notification Regulation, write to the Regional Waste Manager stating how he or she is affected. The identity of any respondents and the contents of anything submitted in relation to this application will become part of the public record. Letters of concern are forwarded to the applicant.*

PREAMBLE - The purpose of this application is \_\_\_\_\_

1. I/We \_\_\_\_\_  
(Full legal name, or if a company, British Columbia registered name)

of \_\_\_\_\_  
(Local address)

hereby apply for a permit to discharge or emit contaminants from \_\_\_\_\_

\_\_\_\_\_  
(Type of plant or source)

located at \_\_\_\_\_  
(General location)

and give notice of application to all persons affected.

2. The land upon which the treatment works will be located is \_\_\_\_\_

\_\_\_\_\_  
(Give legal land description)

3. The discharge will be located at \_\_\_\_\_

\_\_\_\_\_  
(Give legal description if different from above)

4. The rate of discharge is:

Maximum \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
(m<sup>3</sup>/s)\* (minute/hour or hours/day) (times/hour or times/day)

Average daily (based on operating period) \_\_\_\_\_  
(m<sup>3</sup>/s)\*

\* @ 20 °C, 1 atm. pressure, zero water vapour.

The operating period during which the emissions will be discharged is \_\_\_\_\_

\_\_\_\_\_  
(Hours/day, days/week, continuous, or date to date)

5. The characteristics of the contaminants discharged are as follows: (insert values after completion of reverse side). \_\_\_\_\_

6. The type of treatment to be applied is \_\_\_\_\_

7. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(PRINT name of applicant or agent)

\_\_\_\_\_  
(Signature of applicant or agent)

Telephone No. \_\_\_\_\_

Contact person \_\_\_\_\_

