

## **Corrective Action Plan**

June 2015 | CSB | CSB21003

## A. Application Requirements

Corrective Action Plan (CAP) should provide general information, facility and site information, assessment criteria/ objectives with respect to the governing pathway and remediation/management plans. Ministry approval of the application/cap shall be obtained prior to initiating any remediation work.

All submissions shall be consistent with the *Corrective Action Plan Code Chapter Standards and Guide to Impacted Sites*. The ministry will review the plan, in consultation with the owner and local officials in some cases. If the plan is not acceptable, the ministry will identify deficiencies and require that the plan be upgraded. When the plan is acceptable, the ministry will approve the proposal in writing and the project can begin.

**How do I submit the application?** You can submit this form along with the Closure Report to the Ministry of Environment using our online services or by mailing a hard copy.

 Web: the preferred method is to sign in to our Online Services and submit it through your company's business portal. In the portal you can apply for and receive permission, fill out forms and submit documents online, review documents, and track your interactions with the ministry. Please visit the website:

http://www.environment.gov.sk.ca/online-services.

 Mail: you can complete the report, save and print it, and mail the hard copy to:

Environmental Protection Branch Hazmat and Impacted Sites Unit 102 - 112 Research Drive Saskatoon, SK S7N 3R3

What if I have questions? For assistance completing this application or for more information, please contact our Client Service Office:

Email: centre.inquiry@gov.sk.ca

Tel (toll free in North America): 1-800-567-4224

Tel (Regina): 306-787-2584

B. Type of Report	В. 1	Гvре	of F	Rep	ort
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Phone (mobile)

Is this report as stat	tus Update Or a New Co	rrective Action Plan	Please Check or	ne Below.	
New Corr	ective Action Plan	Alteration of Ex	isting	Status Update	Site Monitoring
Progress	Report Monit	oring Report			
C. Person Ap	plying				
Company Name					
Last Name					
First Name				Middle Name	
Address					
Address					
City			Province		Postal Code
Country					
Mailing Address	Same as above	Different	from above:		
Address					
Address					
City			Province		Postal Code
Country					
Contact Details					
Phone (main)			Phone (work)		

Email

Preferred Method of Contact Phone Email Mail

D. Facility Ov	vner Informa	ation					
Legal Name							
Business Name	Corporate Branch # / GST #						
Address							
Address							
City			Province	Postal Code			
Country							
Mailing Address	Same as	above D	Different from above:				
Address							
Address							
City			Province	Postal Code			
Country							
Contact Details							
Phone (main)			Phone (work)				
Phone (mobile)			Email				
Preferred Method	of Contact	Phone	Email Mail				
Treferred Wethou	or contact	THORE	Lilian Ivian				
E. Facility Op	eration Info	r <b>mation</b> (if kno	own)				
Facility Code							
Operation Identific	ation #						
Operation identific	ation #						
F. Facility Loc	ation Inforn	nation					
Landblana							
Legal Name							
Business Name							
Enter the Latitude/ Latitude	Longitude for ce	nter of the site in d	egrees, minutes, seconds <u>Longitude:</u>				
<u>Latitude</u> Deg:	Min:	Sec:	Deg:	Min: Sec:			
DCB		Jee.		Jec.			
Address							
Address							
City			Province	Postal Code			
Country							
Primary Contact							
Last Name			First Name				
Emergency Phone			Business Phone	1			

## G. Corrective Action Plan

Please ensure that you have included the following information before submission of your corrective action plan.
Objective
Contact Information
Facility and Site Information
Chosen End Point (choose from list)
Proposed Corrective Actions (choose from list)
Proposed Schedule Start Date End Date
H. Conditions
I have read and I fully understand that these conditions must be met before the Ministry of Environment can accept, assess and process my application;
I have read and I fully understand the requirements of this application, and wish to continue with my application and formally apply for this permission, and
I certify that the information I have provided in this application is true and accurate in every respect.
By checking this box I accept these conditions.
Signature of Applicant Date of Application