

# Town of Oakville By-law 2010-035

## Health Protection Air Quality By-law Section 4 Reporting Form

### Facility Description

| Facility Description Item   | Facility Description Content   |
|---|--|
| <b>Company legal name</b>   |  |
| <b>Company's trade name (Facility name)</b>   |  |
| <b>Facility address</b>   |  |
| Street address1   |  |
| Street address2   |  |
| Town  |  |
| Province  |  |
| Postal code   |  |
| <b>Mailing address</b>  | <b>Is the address the same as the facility address?      Yes      No</b> |
| Street address1   |  |
| Street address2   |  |
| City  |  |
| Province  |  |
| Postal code   |  |
| <b>Company website</b>  |  |
| <b>ON Certificate of Approval (Air) # (if available)</b>                                    |  |
| <b>NPRI ID (if available)</b>   |  |
| <b>Facility Federal Business Number (if available)</b>                                      |  |
| <b>Nature of the facility's business</b>  |  |
| <b>Industrial Classification Codes</b>  |  |
| NAISC 6-digit code  |  |
| Canadian 4-digit SIC code   |  |
| US SIC code   |  |
| <b>Is the facility portable?</b>  | <b>Yes      No</b>   |
| <b>Location near the midpoint of the facility</b>   |  |
| Latitude (ex. : 43.46712)   |  |
| Longitude (ex : -79.68827)  |  |
| UTM Northing (ex : 4813523)   | UTM Zone: 17   |
| UTM Easting (ex : 606101.5)   |  |
| <b>Contact information</b>  |  |
| <b>Facility coordinator</b>   | <b>Is the address the same as the facility address?      Yes      No</b> |
| (Person responsible for preparing and submitting more than one report for the same company) |  |
| Name  |  |
| Position  |  |
| Address1  |  |
| Address2  |  |
| City  |  |
| Province  |  |
| Postal code   |  |
| Telephone number  | <b>ext.</b>  |
| Telephone number (cellular)   |  |
| Fax number  |  |
| Email   |  |

| <b>Facility Description Item</b>  | <b>Facility Description Content</b>                     |                    |
|---|---|--------------------|
| <b>Technical contact person</b><br>(Person who prepared the report)   | <b>Is the address the same as the facility address?</b> | <b>Yes      No</b> |
| Name  |   |                    |
| Position  |   |                    |
| Address1  |   |                    |
| Address2  |   |                    |
| City  |   |                    |
| Province  |   |                    |
| Postal Code   |   |                    |
| Telephone number  |   | <b>ext.</b>        |
| Fax number  |   |                    |
| Email   |   |                    |
| <b>Public contact</b><br>(Person responsible for answering any questions from the public concerning the report)   | <b>Is the address the same as the facility address?</b> | <b>Yes      No</b> |
| Name  |   |                    |
| Position  |   |                    |
| Address1  |   |                    |
| Address2  |   |                    |
| City  |   |                    |
| Province  |   |                    |
| Postal code   |   |                    |
| Telephone number  |   | <b>ext.</b>        |
| Fax number  |   |                    |
| Email   |   |                    |
| <b>Company official certifying the report</b> (This person is legally responsible for the contents of the report) |   |                    |
| Name  |   |                    |
| Position  |   |                    |
| Address1  |   |                    |
| Address2  |   |                    |
| City  |   |                    |
| Province  |   |                    |
| Postal code   |   |                    |
| Telephone number  |   | <b>ext.</b>        |
| Fax number  |   |                    |
| Email   |   |                    |
| <b>Did an independent contractor prepare this report?</b>   |   |                    |
|   | <b>Yes</b>  | <b>No</b>          |
| <b>Contractor contact</b>   |   |                    |
| Name  |   |                    |
| Position  |   |                    |
| Company   |   |                    |
| Address1  |   |                    |
| Address2  |   |                    |
| City  |   |                    |
| Province  |   |                    |
| Postal code   |   |                    |
| Telephone number  |   | <b>ext.</b>        |
| Fax number  |   |                    |
| Email   |   |                    |

## Facility Activities

|   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Process descriptions for the health-risk air pollutants                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Typical operating schedule  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| hours/day   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">01</td><td style="text-align: center;">02</td><td style="text-align: center;">03</td><td style="text-align: center;">04</td><td style="text-align: center;">05</td><td style="text-align: center;">06</td><td style="text-align: center;">07</td><td style="text-align: center;">08</td><td style="text-align: center;">09</td><td style="text-align: center;">10</td><td style="text-align: center;">11</td><td style="text-align: center;">12</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">13</td><td style="text-align: center;">14</td><td style="text-align: center;">15</td><td style="text-align: center;">16</td><td style="text-align: center;">17</td><td style="text-align: center;">18</td><td style="text-align: center;">19</td><td style="text-align: center;">20</td><td style="text-align: center;">21</td><td style="text-align: center;">22</td><td style="text-align: center;">23</td><td style="text-align: center;">24</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | 01                       | 02                       | 03                       | 04                       | 05                       | 06                       | 07                       | 08                       | 09                       | 10                       | 11                       | 12                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 01  | 02   | 03                       | 04                       | 05                       | 06                       | 07                       | 08                       | 09                       | 10                       | 11                       | 12                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 13  | 14   | 15                       | 16                       | 17                       | 18                       | 19                       | 20                       | 21                       | 22                       | 23                       | 24                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| days/week and   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Sun</td><td style="text-align: center;">Mon</td><td style="text-align: center;">Tue</td><td style="text-align: center;">Wed</td><td style="text-align: center;">Thu</td><td style="text-align: center;">Fri</td><td style="text-align: center;">Sat</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>  | Sun                      | Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Sun   | Mon  | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| months/year   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Jan</td><td style="text-align: center;">Feb</td><td style="text-align: center;">Mar</td><td style="text-align: center;">Apr</td><td style="text-align: center;">May</td><td style="text-align: center;">Jun</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Jul</td><td style="text-align: center;">Aug</td><td style="text-align: center;">Sep</td><td style="text-align: center;">Oct</td><td style="text-align: center;">Nov</td><td style="text-align: center;">Dec</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>   | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Jan   | Feb  | Mar                      | Apr                      | May                      | Jun                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Jul   | Aug  | Sep                      | Oct                      | Nov                      | Dec                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Typical hours of operation per year taking into account planned maintenance |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Comments:   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |    |    |    |    |    |    |    |    |    |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

## Substance Information (source and process information and emissions of health-risk air pollutants for each process/source)

Emissions to air of health-risk air pollutants as defined in the HPAQB, i.e. fine particulate matter (PM<sub>2.5</sub>), nitrogen oxides (NO<sub>x</sub> as NO<sub>2</sub>), ammonia (NH<sub>3</sub>), sulphur dioxide (SO<sub>2</sub>), and volatile organic compounds (VOCs).

### Point Sources

Do you have more than two stacks?      **Yes**      **No**

If yes, please use the *appendix form* to provide additional stack information.

### Stack Information

|                               |  |  |
|-------------------------------|--|--|
| Stack ID                      |  |  |
| Description of stack          |  |  |
| Process description           |  |  |
| Stack orientation             |  |  |
| Is the stack capped?          |  |  |
| Height above ground (m)       |  |  |
| Equivalent diameter (m)       |  |  |
| Average exit velocity (m/s)   |  |  |
| Average exit temperature (°C) |  |  |
| Latitude or UTM Northing      |  |  |
| Longitude or UTM Easting      |  |  |

# Provide UTM or latitude and longitude in decimal degrees accurate to five decimal places or in dd mm ss.n format where seconds are accurate to one decimal place.

Stack ID: \_\_\_\_\_

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

Stack ID: \_\_\_\_\_

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

**Substance Information (source and process information and emissions of health-risk air pollutants for each process/source)**

Point Source Comments:

|  |
|--|
|  |
|--|

**Other (Fugitive) Sources**

Storage

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

Fugitive Releases

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

Spills

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

Other Non-Point Releases

| Health-risk air pollutants | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|----------------------------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| PM <sub>2.5</sub>          |   |                               |                                 |                                     |                                       |
| NO <sub>x</sub>            |   |                               |                                 |                                     |                                       |
| SO <sub>2</sub>            |   |                               |                                 |                                     |                                       |
| NH <sub>3</sub>            |   |                               |                                 |                                     |                                       |
| VOCs                       |   |                               |                                 |                                     |                                       |

**Substance Information (source and process information and emissions of health-risk air pollutants for each process/source)**

Other Source Comments:

**Road Dust Emissions (PM<sub>2.5</sub>)**

| Road ID | Basis of estimate (name or title of method) | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|---------|---|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
|         |   |                               |                                 |                                     |                                       |
|         |   |                               |                                 |                                     |                                       |
|         |   |                               |                                 |                                     |                                       |
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Only road dust emission from unpaved roads within the property boundary of a facility that are cumulatively travelled more than 10,000 km per year by vehicles needs to be assessed. This is consistent with NPRI reporting requirements.

For more details, see the *Unpaved Industrial Road Dust Guidance* and the *Unpaved Industrial Road Dust Calculator*, available in the NPRI Toolbox at [www.ec.gc.ca/inrp-npri](http://www.ec.gc.ca/inrp-npri).

**Building Information**

If facility consists of a single, rectangular building, please provide building dimension in meter:

|            |  |           |  |            |  |
|------------|--|-----------|--|------------|--|
| Length (m) |  | Width (m) |  | Height (m) |  |
|------------|--|-----------|--|------------|--|

If facility does not fit the above description, please check

Building Information Comments:

**If necessary, the town may require additional information regarding all data in the report (e.g. stacks details, building information, etc.) for QA/QC purpose and future town-wide air-quality modelling.**

**Substance Information (source and process information and emissions of health-risk air pollutants for each process/source)**

***Facility Health-Risk Air Pollutants Emission Summary***

Please sum up all the health-risk air pollutants emissions of the facility from all the sources (point sources, other sources, and road dust emissions).

| Health-risk air pollutants                   | Daily avg. emissions (kg/day) | Annual avg. emissions (kg/year) | Daily worst-case emissions (kg/day) | Annual worst-case emissions (kg/year) |
|--|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|
| Fine particulate matter (PM <sub>2.5</sub> ) |                               |                                 |                                     |                                       |
| Nitrogen oxides (NO <sub>x</sub> )           |                               |                                 |                                     |                                       |
| Sulphur dioxide (SO <sub>2</sub> )           |                               |                                 |                                     |                                       |
| Ammonia (NH <sub>3</sub> )                   |                               |                                 |                                     |                                       |
| Volatile organic compounds (VOCs)            |                               |                                 |                                     |                                       |

***Certify the Emission Report***

I certify that I have read the emission report and the information I am submitting is accurate and complete.

\_\_\_\_\_

\_\_\_\_\_ Date

Please submit a signed paper copy and an electronic copy of the HPAQB Section 4 Emission Reporting Form and all the supporting calculations and document to the following address:

Attention: Environmental Policy Department  
 Health Protection Air Quality By-law Implementation  
 Corporation of the Town of Oakville  
 1225 Trafalgar Road  
 Oakville, ON L6H 0H3

Any correspondence about the HPAQB may be sent to the address above or to [healthprotection@oakville.ca](mailto:healthprotection@oakville.ca).