

Risk Management Plan-Scenario 2

*Municipality
of ABCD*



(This Risk Management Plan template has been designed to allow the participant to work through filling out the ten recommended contents sections in a question and answer format).

Applicant Information

Name: _____ **JOE SMITH** _____

Phone: _____ **705 -123-4567** _____ Phone (alternate): _____ **705-231-7654** _____

E-mail: _____ **joesmith@mail.com** _____ Fax: _____ **N/A** _____

Mailing Address: _____ **123 County Road** _____

Town: _____ **Municipality of ABCD** _____ Prov: **_ON_** Postal Code: _____ **A1B 2C3** _____

Property Information

Roll Number: _____ **6785439873215461** _____

GPS coordinates (if known): (Lat.) _____ **44.500668** _____ (Long.) _____ **-79.867351** _____
GPS: (E) _____ (N) _____

Address of project location (if different from mailing address): Lot: _____ **17** _____ Conc: _____ **8** _____

Fire # or Street Address: _____ **123 County Rd. , Municipality of ABCD, ON** _____

Land Use: Residential Agricultural Commercial Institutional Industrial
 Other (please specify) _____

Name of Vulnerable Area: _____

Vulnerable Area Zone: WHPA-A WHPA-B WHPA-C WHPA-D
 WHPA-E IPZ-1 IPZ-2

Check all that apply

The information provided in this example is for illustrative purposes only. Any resemblance to a real property or circumstance is purely coincidental.

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Source Protection Plan Policy Information

Provide a reference to the applicable Part IV policy or policies in the approved source protection plan

| Significant Drinking Water Threat | Applicable Source Protection Plan Policies |
|-----------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |

EXAMPLE

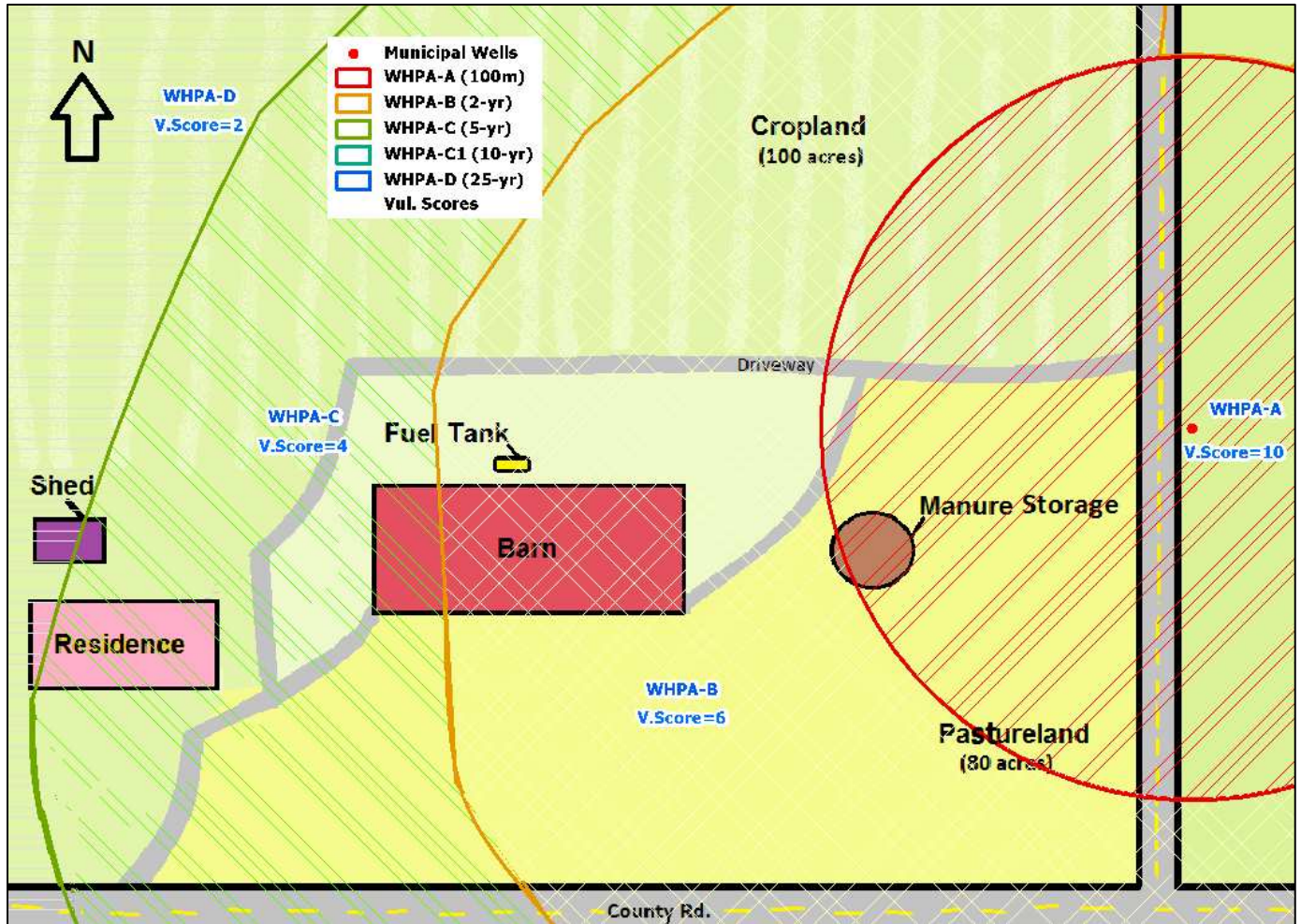
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Map Identifying Threat Activity Location

Circle the Significant Drinking Water Threats on the Map below.



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Implementation Schedule

Develop an implementation schedule **for any two** of the risk management measures listed on the previous page.

| SDWT | Measure | Timeline |
|------|---------|----------|
| | | |
| | | |

Monitoring and Reporting Requirements

- The Risk Management Official will be provided progress reports on the implementation of the following measures by the specified date:

(For the 2 risk management measures selected above, indicate the date by which a progress report will need to be supplied.)

| Risk Management Measure | Submission date for Progress Report |
|-------------------------|-------------------------------------|
| | |
| | |

Fill in the blanks in the statement below.

Site will be inspected (annually, biannually, quarterly, monthly), beginning in (month/year)

Site will be inspected _____, beginning in _____, _____

Outline how frequently the Risk Management Plan is to be scheduled for review and updates.

| | | |
|--------------------------|-----------------------|-------------------------------------|
| Form G-100 11/07/2012 | (for office use only) | Application # <u> 324 </u> |
|--------------------------|-----------------------|-------------------------------------|

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Declaration of Applicant(s)

1. I/we have completed this application in full and I/we certify that the information contained in this application and any supporting documentation is true and complete to the best of my/our knowledge.
2. I/we are the owners of the mentioned property or have included a letter of permission from the property owner.
3. I/we understand that I/we are responsible for implementing the measures described herein.
4. I/we understand that failure to comply with all the requirements of an approved Risk Management Plan may result in action by the Risk Management Official or Risk Management Inspector.
5. I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of any activities or structures.
6. I/we have included all other required documentation.
7. I/we agree to obtain all necessary permits and approvals from applicable agencies, which may include local municipalities, public health units and conservation authorities.
8. I/we acknowledge that this Risk Management Plan must be presented to the RMO/RMI or designate when asked.
9. I/we acknowledge that this Risk Management Plan cannot be transferred to another person engaged in or proposing to engage in the activity at that location, without the written consent of the Risk Management Official.

Signature of Applicant(s)

Date

Joe Smith

Feb., 19th, 2014

NOTE: All information collected on this application form is subject to the Freedom of Information and Protection of Privacy Act (FIPPA). Information may be provided to the Ministry of the Environment and other regulatory bodies. Incomplete applications will delay the approval process. Please ensure applications are complete before submission.