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| A picture containing text, clipart  Description automatically generated | **FACILITY PERMIT APPLICATION****SCHEDULE 3 –****WASTE REGISTRATION REPORT**Physical Address: 6534 Airport Road,Fort St. John, B.C.Mailing Address: 6534 100th Ave, Fort St. John, B.C. V1J 8C5Phone: (250) 794-5200 | Date Received |
| FOR FURTHER INSTRUCTIONS, REFER TO THE OIL AND GAS OPERATIONS MANUAL.THIS IS AN AUDITABLE DOCUMENT. |
| **THIS FORM IS TO BE FILLED OUT IN ACCORDANCE WITH SECTION 6 OF** [**THE OIL AND GAS WASTE REGULATION**](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/32_254_2005)**.** |
| **REGULATOR USE ONLY** | **A** |
| Regulator File No. **or** AD No.:  | Document No.:  | Application Fee: $ |
| Facility Code: | Job No.: |  |
| **ADMINISTRATION** | **B** |
| Applicant Company Name: | Well Permit No.: |
| Address: | City, Province, Postal Code: |
| Contact: | Title: |
| Phone: | Fax: | Email: |
| Local (Field) Company Name: |
| Address: | City, Province, Postal Code: |
| Contact: | Title: |
| Phone: | Fax: | Email: |
| **APPLICATION INFORMATION** | **C** |
| **Report Type** |
| [ ]  **Initial Registration Report** |
|  Is there an Environmental Management Act Permit for this site? | [ ]  Yes | [ ]  No |
|  If Yes; Permit No.: PA - | Date facility commenced operation: | (YY/MM/DD) |
| [ ]  **Revised Registration Report** | BC Environment File No.: |
|  Date of last report: | Date Facility Modified: | (YY/MM/DD) |
|  **For a revised report**, complete ALL sections where there is a ‘substantive change’, as defined in the Oil and Gas Waste Regulation |
|  **If there are any changes to Sections E-I**, then all portions of Sections E-I MUST BE UPDATED to show ALL equipment being used at the site (including equipment that has been previously registered) |
|  **Section J (and K as appropriate) must be completed and signed** |
| **Facility Fee Calculation** |
| The fee calculation portion of the registration form is for information purposes only. DO NOT submit fees with registration. Environmental Protection will confirm the calculation on this form and will send further instructions regarding fee payment dates and procedures with acknowledgement of registration.The total annual fee is the summation of discharge fees for nitrogen oxides and sulphur oxides. Line number cross references are to other sections of the registration form. Contaminant Fees are based on the date of the invoice (Registered facilities are invoiced in March for discharges in the previous calendar year) |
|  | **Total Annual** **Contaminant Discharge**(tonnes/year) | **Contaminant Fees**(from Schedule B, Waste ManagementPermit Fees Regulation)(cost/tonne) | **Annual Contaminant Fee**(cost/year) |
| **Nitrogen Oxides**Estimated total annual facility NOx emissions (from Section E, 4) |  | March 2006 Invoices: $10.58March 2007 Invoices and beyond: $11.29 |  |
| **Sulphur Oxides**Estimated total annual facility SO2 emissions (from Section H, 4) |  | March 2006 Invoices: $12.25March 2007 Invoices and beyond: $13.07 |  |
| **TOTAL ANNUAL FACILITY FEE** (cost/year) |  |

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| **FACILITY DETAILS** | **D** |
| Facility or Well Name: | Facility Code: |
| Legal Description (Township/Range or NTS map coordinates) | Latitude: | Longitude: |
| (in decimal degrees using the North American Datum – 1983) |
| Total Gas throughput per year, if applicable |  | 103m3/year |
| Annual average H2S content of the inlet natural gas, if applicable |  | % by volume |
| **THIS REGISTRATION REPORT WILL NOT BE ACCEPTED UNLESS SECTIONS E, F, G AND H ARE COMPLETED IN FULL** |
| **COMPRESSORS, OIL PUMPS OR ELECTRICAL GENERATORS** | **E** |
| 1. | Does the facility have compressors, oil pumps or generators? | [ ]  Yes | [ ]  No | If Yes, complete the rest of this section |
| 2. | Are there more than four drivers at the facility? | [ ]  Yes | [ ]  No | If Yes, photocopy table and attach to form |
| 3. | Fill in the table below, complete one column for each driver at the facility. Specify Compressor, Oil Pump or Electrical Generator in each column heading. |
|  | **EQUIPMENT FUNCTION** |
|  |  |  |  |
| a) | Type of driver | [ ]  Gas Turbine[ ]  Conventional Reciprocal[ ]  Other: | [ ]  Gas Turbine[ ]  Conventional Reciprocal[ ]  Other: | [ ]  Gas Turbine[ ]  Conventional Reciprocal[ ]  Other: | [ ]  Gas Turbine[ ]  Conventional Reciprocal[ ]  Other: |
| b) | Equipment description (make, model) |  |  |  |  |
| c) | Driver power (kW) |  |  |  |  |
| d) | Date driver installed |  |  |  |  |
| e) | Fuel type (if applicable)For combination fuels, check all that apply | [ ]  Natural Gas[ ]  Diesel[ ]  Propane[ ]  Condensate | [ ]  Natural Gas[ ]  Diesel[ ]  Propane[ ]  Condensate | [ ]  Natural Gas[ ]  Diesel[ ]  Propane[ ]  Condensate | [ ]  Natural Gas[ ]  Diesel[ ]  Propane[ ]  Condensate |
| f) | Fuel consumption rate (L/hr) |  |  |  |  |
| g) | NOx emission rate\*(as grams NO2/kW/hr) |  |  |  |  |
| h) | Maximum total annual hours of operation |  |  |  |  |
| i) | Estimated total annual NOx emissions\*\*(tonnes of NO2 equivalent) |  |  |  |  |
| j) | Source of NOx emission estimate | [ ]  Measured[ ]  Manufacturer’s Data[ ]  Calculated (attach calculations) | [ ]  Measured[ ]  Manufacturer’s Data[ ]  Calculated (attach calculations) | [ ]  Measured[ ]  Manufacturer’s Data[ ]  Calculated (attach calculations) | [ ]  Measured[ ]  Manufacturer’s Data[ ]  Calculated (attach calculations) |
| \* | Attach manufacturers data or emission measurements as appropriate |
| \*\* | Estimated total annual NOx emissions (= box (c) x box (g) x box (h) x 10-6 tonnes/gram) |
| 4.  | Estimate total annual facility NOx emissions (as tonnes of NO2 equivalent) |  |
|  |  | Sum row (i) for all drivers |

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| **DEHYDRATORS, LINE HEATERS OR TREATERS** | **F** |
| Complete one column for each unit at the facility |
| **1.** | **Dehydrators** |
| a) | Does the facility have dehydrators? | [ ]  Yes | [ ]  No | If No, skip to ‘2. Line Heaters’. |
|  | If Yes, how many? |  |  |  |
| b) | Fuel gas > 1% H2S by volume (high sulphur)? | [ ]  Yes | [ ]  No |  |
| c) | Type of dehydrator | [ ]  Glycol[ ]  Solid desiccant | [ ]  Glycol[ ]  Solid desiccant | [ ]  Glycol[ ]  Solid desiccant | [ ]  Glycol[ ]  Solid desiccant |
| d) | Rating of each (kW) |  |  |  |  |
| **2.** | **Line Heaters** |
| a) | Does the facility have Line Heaters? | [ ]  Yes | [ ]  No | If No, skip to ‘3. Treaters’ |
|  | If Yes, how many? |  |  |  |
| b) | Fuel gas > 1% H2S by volume (high sulphur)? | [ ]  Yes | [ ]  No |  |
| c) | Rating of each (kW) |  |  |  |  |
| **3.** | **Treaters** |
| a) | Does the facility have Treaters? | [ ]  Yes | [ ]  No | If No, skip to the next section |
|  | If Yes, how many? |  |  |  |
| b) | Fuel gas > 1% H2S by volume (high sulphur)? | [ ]  Yes | [ ]  No |  |
| c) | Rating of each (kW) |  |  |  |  |
| **PROCESSING PLANT** | **G** |
| Does sulphur removal occur at this facility? | [ ]  Yes | [ ]  No |
| Type of operation | [ ]  Fuel gas sulphur removal only[ ]  Sales gas sulphur removal[ ] Other (specify): | Process type (specify): |
| Rating (kW) |  |  |
| **FACILITY SULPHUR EMISSIONS** | **H** |
| Attach calculations as necessary |
| 1. | Fuel Gas Consumption |
|  | Fuel Type(natural gas, diesel, propane, stabilized condensate) | H2S Content of Fuel(% by volume) | Amount of Fuel Consumed per Year (103m3) | Estimated Annual SO2 Emissions from Fuel (tonnes) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Facility Total |  |
| 2. | Low Pressure Flare and/or Incinerator*Estimated annual SO2 emissions* | tonnes SO2 |  |
| 3. | High Pressure Flare*Estimated annual SO2 emissions from maintenance and emergency flaring* | tonnes SO2 |  |
| 4. | Estimated total annual facility SO2 emissions*Sum emissions from rows 1, 2 and 3*  | tonnes SO2 |  |
| 5. | Maximum 15 day SO2 emissions*Other than maintenance and emergency* | tonnes SO2 |  |
| 6. | Maximum 15 day sulphur emissions*Other than maintenance and emergency* | tonnes S |  |
| **DESCRIPTION OF FACILITY** | **I** |
| Attach a site plan that shows the locations of all discharge points, including discharge points for air contaminants, effluents and refuse, all buildings and watercourses within 500 metres of the discharge points. |
| **APPLICANT AUTHORIZATION** | **J** |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby attest that the information contained herein is true and correct: |
|  (Print Name a Title) |
|  |  |  |
| AUTHORIZED SIGNATORY OF APPLICANT COMPANY |  | DATE (YYYY/MM/DD) |
| **AGENT AUTHORIZATION** | **K** |
| I/We hereby authorize the Regulator to deal directly with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on all  |
| aspects of the registration. | (Print Company Name of Agent) |  |
|  |  |  |
| AUTHORIZED SIGNATORY OF APPLICANT COMPANY |  | DATE (YYYY/MM/DD) |