

Request for Time Extension

Pursuant to sections 13 and 15 of the Contaminated Sites Regulations



New submission Updated form

NSE file number (mandatory) **33000-**_____

Instructions for completing this form

- All relevant sections of this form are to be completed.
- The signature required on this form is from the managing site professional.
- Requests for additional time must be filed a minimum of 30 days prior to the applicable due date.
- All regulatory protocols must be followed, and all forms/checklists must be completed separately for each property. This means that a source property and an impacted third-party property must have all documents filed separately. Once the source property or impacted third-party property is identified by the check box below, all subsequent reference on this form/checklist are to that site owner.
- Forms/checklists must be complete before filing.

1 - Site Location and Contact Information

Details provided on this form are applicable to Source Property **or** Impacted Third-Party Property

Site Location Mandatory must be completed.	Site Address _____	City _____
	Parcel Identification Number (PID) _____	Postal Code _____
	GPS (NAD83 UTM coordinates, source central point) Easting _____	Northing _____
	Zone (select one) <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21	
	Description (optional) _____	

Property Owner Mandatory must be completed.	Name _____	Phone _____
	Email _____	Fax _____
	Recognized Agent (if applicable) _____	
	Company Name (if applicable) _____	City _____
	Mailing Address _____	Postal Code _____
Preferred method of correspondence (select one) <input type="checkbox"/> Letter or <input type="checkbox"/> Email		

Contact for Correspondence If different than above.	Name _____	Phone _____
	Email _____	Fax _____
	Recognized Agent (if applicable) _____	
	Company Name (if applicable) _____	City _____
	Mailing Address _____	Postal Code _____
Preferred method of correspondence (select one) <input type="checkbox"/> Letter or <input type="checkbox"/> Email		

Site Professional Mandatory must be completed.	Name _____	Phone _____
	Email _____	Fax _____
	Company Name _____	City _____
	Mailing Address _____	Postal Code _____
	Professional Registration Number _____	
Preferred method of correspondence (select one) <input type="checkbox"/> Letter or <input type="checkbox"/> Email		

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2 - Time Extension Request Details

Has a previous time extension been granted for this site? Yes No

Reason for this Submission (Check all conditions that apply, which have contributed to the delay of work completion.)

- | | |
|---|--|
| <input type="checkbox"/> New or extra work not included in original scope | <input type="checkbox"/> Contractor availability |
| <input type="checkbox"/> Unusual or abnormal adverse weather conditions | <input type="checkbox"/> Access |
| <input type="checkbox"/> Encountering sub-surface conditions that have slowed progression or differing from the plans | <input type="checkbox"/> Other _____ |

Extension of Time Request

- All known sources or causes of contamination of the site have been stopped, removed or are otherwise managed.
- There are no known immediate actions necessary to protect people, property or the environment from known contamination at the site.

Is contamination known or suspected to impact a drinking water supply on or off the site? Yes No

If Yes, Potable groundwater has been tested and results are below applicable criteria (results attached).

or

Exposure management controls have been applied to manage risk and demonstrated to be effective.

A preliminary Conceptual Site Model is attached that evaluates potential pathways and receptors to known or potential contamination at the site, in accordance with the Phase 2, Environmental Site Assessment Protocol. Yes

Based on the preliminary Conceptual Site Model and known or potential contamination, are there any exposure management controls necessary to manage risk while completing the remaining environmental site assessment and/or remediation? Yes No

If Yes, Conditions associated with the maintenance of any exposure management controls and monitoring have been documented, provided and explained to the affected site owner and are attached to this form.

An additional 1 year to complete Environmental Site Assessment from the date of Notification is requested.

or

An additional 1 year to complete Remediation from the date of Notification is requested.

3 - Declaration

Site Professional Declaration

I acknowledge it is an offence under Section 158 of the Environment Act to provide false or misleading information and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the Environment Act and Contaminated Sites Regulations. By signing below, I confirm my qualifications and liability insurance as a site professional as prescribed within the regulations.

Reports and forms/checklists have been provided to the affected property owner.

Name (print) _____

Professional Registration Number/Stamp _____

Signature _____

Date _____

Site Professional

YYYY/MM/DD

Return completed form and associated documents to your local Nova Scotia Environment office.

Find office locations online novascotia.ca/nse/dept/regional-office-locations.asp or call 1-877-936-8476.