



**Medicine Hat**  
The Gas City



**Planning, Building &  
Development Services**

580 1 Street SE  
Medicine Hat, AB  
T1A 8E6  
Phone: 403-529-8374  
Fax: 403-502-8038

## Site Contamination Statement

Planning Application No.: \_\_\_\_\_

Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

	<p>The information provided in this disclosure statement will assist the Development, Land Use and Subdivision Authorities in processing planning applications. The Authorities rely on the information provided in this statement to assist in determining the potential for site contamination, which may have been caused by current or historic activities.</p> <p>You are responsible for the accuracy of the information provided in this statement. The questions must be answered to the best of your knowledge based upon diligent inquiry and the thorough inspection and review of all documents and other information pertaining to the subject property. Further site assessments may be required.</p>	
1.	<p>Are you aware of any environmental investigations (audits, assessments, tests, surveys or studies) for this site? <b>If yes, please provide copy(s).</b></p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
2.	<p>Are you aware of any environmental requirements associated with any previous planning applications on this site? (i.e. development permit, land use redesignation or subdivision) <b>If yes please provided a brief description and the associated development application number(s):</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
3.	<p>Are you aware of any historic activities conducted on or surrounding the Subject Property that had the potential to cause Adverse Effects<sup>1</sup> (as defined by the Alberta Environmental Protection and Enhancement Act - AEPEA) <b>If yes, please provide a brief description:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
4.	<p>Has there been contact with Alberta Environment or Alberta Health Services regarding possible contamination on the site? <b>If yes, please provided a brief description:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>

<sup>1</sup> Adverse Effect as defined by AEPEA: Impairment of or damage to the environment, human health or safety or property.

5.	<p>Has there been site remediation or a request for such on the site?  <b>If yes, please provide a brief description and provide copies of available documentation.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
6.	<p>Are you aware of any regulatory actions, past or current, which have been applied to this site?</p> <p>Examples include (but are not limited to):</p> <ul style="list-style-type: none"> <li>- Environmental Protection Orders</li> <li>- Reclamation Orders or Certificates</li> <li>- Control I Stop Order, fines, tickets or prosecutions</li> <li>- Violations of environmental statutes, regulations and bylaws</li> <li>- Administrative penalties and warning letters</li> </ul> <p><b>If yes, please describe and provide copies of relevant documents.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
7.	<p>Have any permits been issued or are you currently operating under a license or approval issued by federal or provincial authorities or the Medicine Hat Fire Services for activities which may impact the property?  (e.g. certificates of approval, storage tank regulations, plant operating permits)</p> <p><b>If yes, please describe:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Note:** This form is to be signed by the titled owner(s) of the property or their authorized agents or consultants.

**I, the  owner,  authorized agent,  authorized consultant, state that, to the best of my knowledge, the information provided in this statement is accurate, complete and is based on diligent inquiry and thorough inspection and review of all the documents and other information reasonably available pertaining to the subject property. I am not aware of any other information that may indicate that the subject property is potentially contaminated.**

Date \_\_\_\_\_

Company Name (Please Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Applicant Name (Please Print) \_\_\_\_\_

The personal information is collected under the authority of the Alberta Municipal Government Act, Section 640. The Medicine Hat Land Use Bylaw 3181, and the Freedom of Information and Protection Act, Section 33(c). It will be used to communicate with the applicant during the permit application, review & inspection processes and will be circulated to relevant Portfolios, Medicine Hat Police Services, Medicine Hat Utilities, pertinent Community Association(s), Business Revitalization Zone(s), adjacent land owners, the property owner if he/she is not the applicant of record, Alberta Ministry of the Environment and Alberta Health Services. It may also be submitted to the Municipal Planning Commission (MPC), Council, and/or Subdivision and Development Appeal Board (SDAB). Correspondence received regarding the application may be included in public agendas. The personal information and the nature of the permit will be publicly available in accordance with Section 40(1) of the Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection of this information, please contact the FOIP Head, Larry Godin, City Clerks Office, City of Medicine Hat, 580 1 Street SE, Medicine Hat, AB T1A 8E6 Telephone 403 529 8234.