

- > Applicants should ensure that they:
 - are familiar with the:
 - *Solid Waste Regulations (Environment Act);*
 - *Meat Inspection and Abattoir Regulations (Agricultural Products Act);*
 - *Public Health Regulations (Public Health and Safety Act);* and
 - *Assessable Activities, Exceptions and Executive Committee Projects Regulations (Yukon Environmental and Socio-economic Assessment Act);*
 - complete all sections, legibly printing or typing all information;
 - complete the signature block at the end of the form; and
 - submit all required attachments.

- > A pre-permit inspection may be conducted prior to the issuance of any permit.

- > Additional information may be required upon receipt of this application.

The original completed and signed application should be sent to:

Agriculture Branch, Energy, Mines & Resources
300 Main Street, Suite 320, Elijah Smith Building
P.O. Box 2703, Whitehorse, Yukon Y1A 2C6

Phone: (867) 667-5838
Toll Free: 1-800-661-0408 ext. 5838
Fax: (867) 393-6222

For information about public health requirements contact:

Environmental Health Services, Health & Social Services
#2 Hospital Road, Whitehorse, Yukon Y1A 3H8

Phone: (867) 667-8391
Toll Free: 1-800-661-0408 ext. 8391
Fax: (867) 667-8322

For information about solid waste requirements contact:

Environmental Programs, Environment Yukon
10 Burns Road
P.O. Box 2703, Whitehorse, Yukon Y1A 2C6

Phone: (867) 667-5683
Toll Free: 1-800-661-0408 ext. 5683
Fax: (867) 393-6205

CONTACT AND LOCATION INFORMATION

1. _____

Name of Applicant	Phone #
_____	_____
Legal Business Name	Fax #
_____	_____
Mailing Address	Postal Code
_____	_____
Email Address	

2. **Location where mobile abattoir will be used:**

Municipal address, subdivision, highway milepost, or geographic location

Lot:	Block:	Quad:	Plan:
_____	_____	_____	_____

Legal Location

Description of land zoning (e.g., agriculture, rural residential)

Landowner, if different than applicant	Phone #
_____	_____

3. **Nearest Community:** _____

4. **Proposed Dates or Period of Operation:** _____

SITE PLAN

5. **Attach a map or aerial photograph, on a scale of 1:50,000, showing the locations of the following:**

- | | |
|---|--|
| <input type="checkbox"/> mobile abattoir; | <input type="checkbox"/> washroom(s); |
| <input type="checkbox"/> drinking water well(s); | <input type="checkbox"/> property lines; |
| <input type="checkbox"/> surface water bodies and watercourses; | <input type="checkbox"/> roads; |
| <input type="checkbox"/> dressing / change room(s); | <input type="checkbox"/> environmentally sensitive areas; and |
| <input type="checkbox"/> all permanent structures, including nearest residence; | <input type="checkbox"/> location of solid and liquid waste disposal sites, if applicable. |
| <input type="checkbox"/> on-site sewage disposal system(s); | |

POTABLE / DRINKING WATER

6. **Do you intend to use an on-site source of potable / drinking water in addition to the 300 gallons of water with which the mobile abattoir is supplied?**

- Yes, answer questions 7 - 9 No, skip questions 7 - 9

7. **Source of potable / drinking water for use in the mobile abattoir?**

- drilled well; delivered / trucked water source: _____ or
 dug well; treated surface water.

8. **Type(s) of water treatment:** *mandatory for surface water and wells at risk of contamination, i.e. dug wells and wells less than 15 meters deep*

- chlorination; filtration, describe: _____
 UV disinfection; other: _____

9. **Check to confirm you have attached a copy of a recent bacteriological analysis report of the on-site source of potable / drinking water you will be using in the mobile abattoir.** The bacteriological analysis should be done as close as possible to the day of slaughter.

10. **Check to confirm that the mobile abattoir will be located and slaughter of animals will take place at least 30 m away from any drinking water well (section 19(a) – *Public Health Regulations*).**

Note: Other setbacks may be required by other regulatory authorities. In the case of a difference, the greater distance shall apply.

TRANSPORTATION

11. **Do you intend to transport any meat from the mobile abattoir by any means other than the abattoir itself (e.g., 'reefer van')?**

- Yes, answer question 12 No, skip question 12

12. a) **Describe vehicle to be used to transport meat from mobile abattoir:** _____

_____ See Attached

12. b) **Check to confirm you have attached written approval from Environmental Health for the proposed method of transportation.**

STUNNING

13. **Indicate how you will stun animals before they are slaughtered:**

- captive bolt; rifle; or
 other; describe: _____

14. **Describe the docking facility for the mobile abattoir that will contribute to its sanitary operation:**

_____ See Attached

ON-SITE WASTE DISPOSAL

Note: If wastes are to be disposed of on-site and the land is not owned by the applicant, written permission from the landowner to dispose of wastes at the proposed site **must** accompany your application.

15. Will solid and liquid wastes generated from the mobile abattoir be disposed of on-site?

Yes, answer questions 16 - 26

No, answer questions 28 - 29

16. If different from applicant, provide the name and address of the person responsible for management of the on-site waste disposal site:

Name of Applicant

Phone #

Legal Business Name

Fax #

Mailing Address

Postal Code

17. What is the estimated volume of wastes to be collected at this site? (tonnes or m³ per week, month or year)

_____ See Attached

18. Estimate how long you intend to use this on-site waste disposal site: _____

19. Will animals other than your own be slaughtered at the site described in this application?

Yes

No

20. Do you intend to allow other people to use this on-site waste disposal site to dispose of wastes generated from their use of the mobile abattoir at their farms?

Yes

No

21. Identify method(s) of on-site waste management and disposal (check all that apply):

Solid Waste

Trench or pit and covered.

Burning, describe: _____

Waste segregation, describe: _____

Composting, describe: _____

Recycling, describe: _____

Other, describe: _____

_____ See Attached

Liquid Waste

Same as for solid waste disposal

Trench or pit and covered.

Burning, describe: _____

Waste segregation, describe: _____

Composting, describe: _____

Recycling, describe: _____

Other, describe: _____

_____ See Attached

22. If waste is to be buried in a trench or pit, check to confirm that the excavation shall be at least 2.3 metres deep and wastes will be covered immediately after they are deposited with a minimum of 2 metres of soil.

23. Describe any current environmental monitoring of the land, air or ground / surface water:

_____ See Attached

24. Is there a closure / decommissioning / reclamation plan for this site?

Yes, please attach

No

25. Check to confirm you have provided an electric fence around the waste disposal site for security and to control wildlife.

26. Describe any other security / control measures that you will use around the waste disposal site:

_____ See Attached

27. Check to confirm that the on-site waste disposal site meets the following set-back distances:

- 450 m** from any building used for human occupancy or for the storage of food (sections 13(a) and 33(b) – *Public Health Regulations*)
- 90 m** from any public road allowance, railway, right-of-way, cemetery, highway or thoroughfare (section 33(a) – *Public Health Regulations*)
- 100 m** from the high water mark of any waterway (Schedule 1, *Solid Waste Regulations*)
- 30 m** from any drinking water well (section 19(a) – *Public Health Regulations*)

Note: Other set-back distances may be required by other regulatory authorities. In the case of a difference, the greater distance shall apply.

OFF-SITE WASTE DISPOSAL

Note: Wastes to be disposed of off-site must be taken to approved solid and / or liquid waste disposal sites (e.g. community dump [solid wastes], sewage lagoon [liquid wastes]). Permission from the owner of the disposal site must be obtained prior to disposing of any wastes generated from the mobile abattoir.

28. Provide contact information regarding the owner of the off-site waste disposal site you intend to use:

Solid Waste Site

_____	_____
Contact Person	Phone #
_____	_____
Legal Business Name or Government Agency / Branch / Department	Fax #
_____	_____
Mailing Address	Postal Code

Liquid Waste Site

_____	_____
Contact Person	Phone #
_____	_____
Legal Business Name or Government Agency / Branch / Department	Fax #
_____	_____
Mailing Address	Postal Code

29. Describe methods of disposal at off-site waste disposal sites that have been discussed and approved by the owner / operator of the waste disposal site.

Solid Waste Site: _____
_____ See Attached

Liquid Waste Site: _____
_____ See Attached

30. Check to confirm you have attached a copy of your letter of permission to use an off-site waste disposal site from the owner / operator of the waste disposal site.

PERMITS AND APPROVALS

31. Attach any Permits or Approvals that have been obtained for this site:

- Potable water test results
- Authorization to transport meat for retail other than in abattoir
- On-site waste disposal permit
- Other _____

APPLICANT'S DECLARATION AND SIGNATURE

I, _____ *[print name clearly]*, certify that I am the authorized representative of _____ *[name of business/community]*, and that the information provided on and with this application form is correct and complete to the best of my knowledge.

Signature of applicant

Date

of attachments

APPROVALS & AUTHORIZATIONS TO USE THE MOBILE ABATTOIR

Attachment to the "Application for On-Farm Operation of a Mobile Abattoir".
For Government of Yukon use only

Application received by: _____
Name Department
Date Time

TO BE COMPLETED BY HEALTH AND SOCIAL SERVICES, ENVIRONMENTAL HEALTH SERVICES ONLY

Health Officer Approval for the operation of a vehicle to transport meat from an abattoir.

Signature, Health Officer Print Name Date

Personal information is collected under the authority of the *Public Health and Safety Act* for the purpose of safeguarding personal and / or public health. This information may be accessible under the *Access to Information and Protection of Privacy Act*. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391 or toll free at 1-800-661-0408 extension 8391.

TO BE COMPLETED BY ENVIRONMENT YUKON, ENVIRONMENTAL PROGRAMS BRANCH ONLY

I, _____, representing the Environmental Programs Branch of Environment Yukon, have reviewed this application and can confirm that based on the information contained herein, this activity:

- requires a Commercial Dump Permit.
- does not require a Commercial Dump Permit at this time.

Signature, Environmental Programs Branch Date

Information is collected under the authority of section 9 of the *Solid Waste Regulations*. Permits and related documents may be included on a public register as required by these regulations and/or disclosed to the public. For further information contact the Environmental Programs Branch at (867) 667-5683 or toll free at 1-800-661-0408 extension 5683.

TO BE COMPLETED BY HEALTH AND SOCIAL SERVICES, ENVIRONMENTAL HEALTH SERVICES ONLY

Health Officer Approval for the method(s) of disposal for solid and liquid wastes generated by the operation of the mobile abattoir, either on-site or off-site.

Signature, Health Officer Print Name Date

Personal information is collected under the authority of the *Public Health and Safety Act* for the purpose of safeguarding personal and / or public health. This information may be accessible under the *Access to Information and Protection of Privacy Act*. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391 or toll free at 1-800-661-0408 extension 8391.

TO BE COMPLETED BY ENERGY, MINES AND RESOURCES, AGRICULTURE BRANCH ONLY

Signature, Agriculture Development Officer Print Name

Date of Approval Date Authorization Expires

Note: Applicant is to contact Agriculture no later than 72 hours prior to operation of the mobile abattoir if any changes are made which affects the information provided in this application.