

For Office Use Only		
Reference Number	Date (y/m/d)	Initials

Form ID: 527195

Application Summary

Project Name (Project identifier to be used as a reference in correspondence)

South Branch Wind Farm

Project Description Summary
(This summary should reflect the description in the documents upon which consultation has been completed and if it does not, the difference should be highlighted)

The South Branch Wind Farm is a Class 4 wind facility that will produce 30 MW of renewable energy. The REA is seeking approval for 14 turbine locations and associated infrastructure. A final turbine model has not yet been selected, therefore this application proposes a generic turbine model with maximum dimensions and sound power levels.

The project is proposed within two Townships and two Counties. It is located in and around the communities of Brinston, Hulbert and Dixon's Corners.

Required Information	Completed (yes or no)
<input checked="" type="checkbox"/> Project Name & Description	Yes
<input checked="" type="checkbox"/> Section 1: Applicant Information	Yes
<input checked="" type="checkbox"/> Section 2: Project Information	Yes
<input checked="" type="checkbox"/> Section 3: Site Information	Yes
<input checked="" type="checkbox"/> Section 4: Required Documents	Yes

Application Status: FORM COMPLETE. [Email Form](#) [Print Completed Form](#)

Summary:

Type of Application	Type of Renewable Energy Generation Facility
New Application	Wind Class 4.
Total Maximum Name Plate Capacity	
30 MW	
Total Expected Generation Capacity	
30 MW	


Section 1: Applicant Information

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<input checked="" type="checkbox"/> 1.1 Applicant Information (Owner of works/facility)	
Applicant Name (legal name of individual or organization as evidenced by legal documents) South Branch Windfarm Inc.	Business Identification Number 8066 8018 RT0001
Business Name (the name under which the entity is operating or trading - also referred to as trade name) <input checked="" type="checkbox"/> same as Applicant Name South Branch Windfarm Inc.	
Applicant Type: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> Individual <input type="checkbox"/> Municipal Government <input type="checkbox"/> Partnership <input type="checkbox"/> Provincial Government <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (describe):	North American Industry Classification System (NAICS) Code 221119 Other Electric Power Generation
Business Activity Description (a description of the business endeavour, this may include products sold, services provided or machinery/equipment used, etc.) South Branch Windfarm Inc. is a corporation created for the development and operation of the South Branch Wind Farm.	

<input checked="" type="checkbox"/> 1.2 Applicant Physical Address	
Civic Address- Street information (includes street number, name, type and direction) Unit Identifier (i.e. apartment number) 226 1/2 James Street North Unit A	
Survey Address (Not required if Street Information is provided)	Lot Conc. Part Reference Plan
Municipality /Unorganized Township	County/District Province/State Country Postal Code
Hamilton	Ontario Canada L8R 2L3
Telephone Number (include area code & ext.)	Fax Number (include area code) Mobile Number (include area code) E-mail Address
(905)528-1747 ext.	(866)230-6516 info@prowind.ca

<input checked="" type="checkbox"/> 1.3 Applicant Mailing Address	
Same as Applicant Physical Address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide site address information below)	
Civic Address - Street information (civic numbering and street information including street number, name, type and direction) Unit Identifier (i.e. apartment number) 226 1/2 James Street North Unit A	
Delivery Designator	Delivery Identifier Postal Station
Municipality /Unorganized Township	Province/State Country Postal Code
Hamilton	Ontario Canada L8R 2L3

<input checked="" type="checkbox"/> 1.4 Statement of Applicant	
I, the undersigned hereby declare that, to the best of my knowledge:	
<ul style="list-style-type: none"> The information contained herein is complete and accurate in every way and I am aware of the penalties against providing false information as per s.184(2) of the <i>Environmental Protection Act</i>. I understand that by submitting this form, I am guaranteeing the completeness and accuracy of all the information provided on this form and included in the draft reports. Failure to submit the correct information will result in an incomplete application being returned. The Project Technical Information Contact identified below is authorized to act on my behalf for the purpose of obtaining approval under section 47.3 of the EPA for the Project identified herein. 	
Name of Signing Authority (please print)	Title
Jeffrey Segal	Secretary, South Branch Windfarm Inc.
Telephone Number (including area code & extension)	Fax Number (including area code) E-mail Address
(905)528-1747 ext.	(866)203-6516 jsegal@prowind.ca
Mobile Number (including area code)	Signature Date (y/m/d)
(416)951-7238	 2012 / 04 / 04

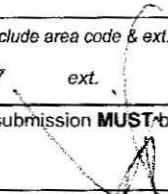
Section 2: Project Information

Form ID: 527195

2.1 Application Type

Type of Application:			
<input checked="" type="checkbox"/> New Renewable Energy Approval		Where Applicable provide Existing Renewable Energy Approval Number: _____	
<input type="checkbox"/> Amendment to Renewable Energy Approval			
Application Initiated by:			
<input checked="" type="checkbox"/> Proponent		<input type="checkbox"/> Environmental Assessment and Approvals Branch	<input type="checkbox"/> Provincial Officer Order (attach copy)
<input type="checkbox"/> Other (specify): _____			
Current Certificate(s) of Approval <i>(please attach a separate list if more space is required)</i>			
Certificate of Approval Number	Date of Issue (yyyy/mm/dd)	Certificate of Approval Number	Date of Issue (yyyy/mm/dd)
Certificate of Approval Number	Date of Issue (yyyy/mm/dd)	Certificate of Approval Number	Date of Issue (yyyy/mm/dd)
Current Permit(s) to Take Water <i>(please attach a separate list if more space is required)</i>			
Permit Number	Date of Issue (yyyy/mm/dd)	Permit Number	Date of Issue (yyyy/mm/dd)
Permit Number	Date of Issue (yyyy/mm/dd)	Permit Number	Date of Issue (yyyy/mm/dd)
Project Schedule			
Estimated date for start of construction/installation (yyyy/mm/dd)		Estimated date for start of operation (yyyy/mm/dd)	
2013/06/01		2014/01/01	

2.2 Statement of Project Technical Information Contact

Is the Project Technical Information Contact the same as the Applicant (identified in Section 1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I, the undersigned hereby declare that, to the best of my knowledge:			
<ul style="list-style-type: none"> • The information contained herein and the information submitted in support of this application (electronically and in hard copy) is complete and accurate in every way and I am aware of the penalties against providing false information as per s.184(2) of the <i>Environmental Protection Act</i>. • I understand that by submitting this form, I am guaranteeing the completeness and accuracy of this form and the draft documents. Failure to submit the correct information will result in the application being returned as incomplete. • That the information contained in the electronically submitted application form is the same as the information submitted in the hard copy submission. • I have used the most recent application form (as obtained from the "publications" section of the Ministry of the Environment website at www.ene.gov.on.ca or from the Environmental Assessment and Approvals Branch at 1-800-461-6290). 			
Name of Project Technical Information Contact		Company	
Jeffrey Segal		Prowind Canada Inc.	
Telephone Number <i>(include area code & ext.)</i>	Fax Number <i>(include area code)</i>	Mobile Number <i>(include area code)</i>	E-mail Address
(905)528-1747 ext. _____	(866)203-6516	(416)951-7238	jsegal@prowind.ca
Signature (hard copy submission MUST be signed)		Date (yyyy/mm/dd)	
		2012/04/04	
Address Information:			
Same as Applicant Mailing Address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please provide technical information contact address information below)</i>			
Civic Address - Street information <i>(civic numbering and street information including street number, name, type and direction)</i>			Unit Identifier <i>(i.e. apartment number)</i>
226 1/2 James Street North			Unit A
Delivery Designator	Delivery Identifier	Postal Station	
Municipality /Unorganized Township	Province/State	Country	Postal Code
Hamilton	Ontario	Canada	L8R 2L3

2.3 Other Approvals for Facility – Please attach a separate list if more space is required

Separate list attached? Yes No

List all other environmental approvals/permits applied for related to this project or received in relation to this project

Approval Number	Approval Date (yyyy/mm/dd)	Approval Number	Approval Date (yyyy/mm/dd)	Approval Number	Approval Date (yyyy/mm/dd)

Ontario Power Authority (OPA) Registration ID (if applicable) F-000658-WIN-130-601	Ontario Power Authority (OPA) Reference Number (if applicable) FIT-FT3B11C
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2.4 Type of Renewable Energy Generation Facility (select all that apply)

Wind Facility	Biofuel / Biogas / Other	Anaerobic Digestion Facility	Thermal Treatment Facility	Solar Photo Voltaic Facility
<input type="checkbox"/> Class 2	<input type="checkbox"/> Biofuel	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 3
<input type="checkbox"/> Class 3	<input type="checkbox"/> Biogas	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 2	
<input checked="" type="checkbox"/> Class 4	<input type="checkbox"/> Other	<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 3	
<input type="checkbox"/> Class 5	If other, please describe:			

2.5 Generation of Electricity

Total Maximum Name Plate Capacity	Total Expected Generation Capacity
30 MW (1 MW = 1000 kW / 1 kW = 0.001 MW)	30 MW (1 MW = 1000 kW / 1 kW = 0.001 MW)
Days and Hours of Operation	
356 days/year, 24 hours/day	

Section 3: Site Information

Form ID: 527195

3.1 Project Location - (the site/location where project will be located)

Same as Applicant Physical Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please provide site address information below)					
Civic Address- Street information (includes street number, name, type and direction)					Unit Identifier (i.e. apartment number)
10093 Sandy Creek Road					
Survey Address <i>(Legal description of the site)</i>	Lot	Conc.	Part	Reference Plan	
	S 1/2 of E 1/2 of Lt. 37	6	n/a	Deed 49312	
Municipality / Unorganized Township		County/District		Postal Code	
Geo. Twp. of Matilda, Township of South Dundas		United counties of stormont, dundas and gelngarry		K0E 1C0	
Non Address Information (where the project spans many locations or a large rural area, specify how the project area relates to the address provided)					
Above address is identified as P4 in Appendix A. Additional property details are listed in Appendix A.					
Geo Reference (southwest corner of property)					
Map Datum	Zone	Accuracy Estimate	Geo Referencing Method	UTM Easting	UTM Northing
NAD83	18	45 cm +/-	ArcMap	464594.292	4973506.276

3.2 Municipal or local authority information - (List all municipal or board authorities where the project is located)

Local Municipality / Unorganized Township (Include each Single Tier or Lower Tier in which the project location is situated. Attach a separate list if more space is necessary)					
Name of Municipality		Address		Phone	
Township of South Dundas		4296 County Rd. 31, PO Box 160, Williamsburg, ON, K0C 2H0		(613)535-2675	
Clerk's Name		Clerk's Phone/Fax		E-Mail Address	
Brenda Brunt		(613)535-2673		bbrunt@southdundas.ca	
Is the project location situated in one or more Upper Tier Municipality? (i.e., county, regional or district municipality.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<i>List all Upper Tier Municipalities that the project location is situated in. Attach a separate list if more space is necessary</i>					
Name of Municipality		Address		Phone	
United Counties of Stormont, Dundas and Glengarry		26 Pitt St., Suite 323, Cornwall, ON K6L 3P2		(613)932-1515 200	
Clerk's Name		Clerk's Phone/Fax		E-Mail Address	
Helen Thomson		(613)932-1515		hthomson@sdgcounties.ca	
Is the project location situated in a Local Roads Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<i>List all Local Roads Areas that the project location is situated in. Attach a separate list if more space is necessary</i>					
Name of local roads board		Address		Phone	
Secretary-treasurer's Name		Secretary-treasurer's Phone/Fax		E-Mail Address	
Is the project location in a Local Service Board area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<i>List all Local Service Board areas the project location is situated in. Attach a separate list if more space is necessary</i>					
Name of Local Service Board		Address		Phone	
Secretary's Name		Secretary's Phone/Fax		E-Mail Address	

3.3 Site Information - (information about the site/location where project will be located)

Site Name South Branch Wind Farm	MOE District Office Cornwall Area Office
Is in any portion of the Project location on federally owned land or a reserve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is in any portion of the Project location on Crown Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Project location that is the subject of this application owned by the Applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If no, please attach the owner's name, address and a signed letter granting consent for the installation and operation of the facilities</i>	
Is the Applicant the operating authority of the facility that is the subject of this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please attach the operating authority name, address and phone number</i>	
Is the Project location in the area of the Niagara Escarpment Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Project location in the area subject to the Oak Ridges Moraine Conservation Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Project location in the Protected Countryside as shown in Schedule 1 to the Greenbelt Belt Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Project location in the Lake Simcoe Watershed as defined in the Lake Simcoe Protection Act, 2008? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Project location in the Central Pickering Development Planning Area as shown in Schedule 1 to the Central Pickering Development Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has an Archaeological Report (s. 22) been prepared as part of the complete submission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has a Heritage Report (s.23) been prepared as part of the complete submission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has an Environmental Impact Study Report (s.38, s. 41 or s. 43) been prepared as part of the complete submission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has a Water body Report (s.39, s. 40, s.44 s. 45) been prepared as part of the complete submission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

