

Minimum Distance Separation (MDS) Waiver (declaration)

App	licant information	NRCB application number:
Ope	rator/operation name:	
Addr	ress:	Postal Code:
Lega	al land location of confined feeding	operation:
(MD: abov appli	S) to their residence for the <i>Agricu</i> re. In making this request, I have p ication and a copy of the Natural F	(s) named below to waive the required minimum distance separation in the intural Operation Practices Act (AOPA) permit application identified provided the owner(s) with an opportunity to review my permit Resources Conservation Board (NRCB) Fact Sheet "Minimum Distance on the NRCB website at www.nrcb.ca. I have also explained:
ł	have advised the owner(s) that see	ection 3 of the Standards and Administration Regulation of AOPA. I ction 3(6)(a) of the Standards and Administration Regulation allows this wners of residences, if they agree in writing to grant a waiver;
• -	That my proposed development do	pes not meet the required MDS to the owner's residence; and,
r	That this waiver applies only to this application as described. An increase in livestock capacity, annual manure production, level of odour production, change to the site plan or change to a facility that would increase the MDS would require a new waiver.	
Follo	owing is a summary of the propose	ed development:
	The current scope of my confined ivestock, if any, is:	feeding operation (CFO), including the type, number, and category of
	My application for a new AOPA pe type and/or capacity at my CFO:	rmit proposes the following changes to the existing livestock category,
- • r	The proposed new CFO facility(ies	s), or changes to the existing CFO facilities, including manure storage, ther pertinent details, if any, are (attach a site layout plan if available):
the	residence sign this documen	
	Signat	ure Date:
Resi	idence owner(s) to initial:	

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Residence owner(s) information	
ALL Names on land title:	
Legal land location of residence(s):	
Telephone number(s) ¹ : Email address(es) ¹ :	
Address(es)¹ and Postal code(s)¹:	
¹ Please note that personal contact information is for NRCB use ONLY and not publicly released	
l am/we are the legal landowner(s) of a residence(s) located at the above noted legal land location/address:	
 I/we have read the NRCB Fact Sheet "Minimum Distance Separation (MDS) Waivers"; 	
ve have discussed this application with the applicant and understand its potential impacts to our residence(s);	
we understand that the application does not meet the MDS requirement to my/our residence(s), under the <i>gricultural Operation Practices Act</i> (AOPA);	
 I/we understand that this waiver is not valid unless signed by ALL parties identified on the land title as owners; 	
 I/we are not obligated to waive the MDS requirement to our residence(s); 	
I/we understand that if I/we choose to waive the MDS requirement, I/we can revoke the waiver, by providing written notice to the NRCB approval officer, as set out in the "Minimum Distance Separation (MDS) Waivers" Fact Sheet; and	
I/we understand that this waiver is a public document.	
Having considered my/our rights, I/we hereby waive the MDS requirement to my/our residence, with respect to	
application number	
Signatures of all residence owner(s) on title	
Printed names of all residence owner(s) on title	