

| AF                                           | PPLICATION FOR LICENSE OF OCCUPATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I - ENVIF                                                                                                                                    | RONI                    | MENTAL OPERATIONS AND INSTALLATIONS                                            |  |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------|--|
|                                              | <b>ECKLIST –</b> Items can be sent in electronically v h of A - C). To expedite processing please ensu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                         | w (where possible) or via hard copy (five copies ncluded all of the following: |  |
|                                              | <b>A. Project Description Letter -</b> Include the legal description and municipal address of the site under investigation; description of proposed drilling locations including avenues, streets or lanes that the proposed monitoring wells or infrastructure are to be located. Project description should indicate for whom the work is being conducted, the purpose of the investigation, number of wells, boreholes, test pits or remediation action proposed and methodology of the investigation.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                         |                                                                                |  |
|                                              | <b>B. Site Plan -</b> Indicating street names, the location of all utilities and the proposed location of every well, borehole, test pit, remediation system, injection point or excavation extent, including their horizontal and vertical offsets from property lines. North arrow, scale and legend should be included on the plan for reference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                         |                                                                                |  |
|                                              | C. Cross-sectional Diagram – For the intended monitoring well/borehole or related construction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                         |                                                                                |  |
|                                              | D. Application for License of Occupation form - this application form completely filled in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                         |                                                                                |  |
|                                              | <b>E. Fee</b> - for \$150.00 x number of years License required. Applicants can choose between 1-10 years. NOTE: Amendment fee (to an existing License) is \$100 only. Payment by cheque (made payable to The City of Calgary) or via ( <a href="https://epay.calgary.ca">https://epay.calgary.ca</a> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                         |                                                                                |  |
|                                              | <ul> <li>F. Security (via Letter of Credit or Money Order/Bank Draft) – from a financial institution acceptable to The City of Calgary, in an amount of \$1,500 per monitoring well proposed. For remediation systems, amount based on scope of project and estimate from consultant doing the installation, as to decommissioning costs. Letters of Credit must be provided electronically via SWIFT.</li> <li>G. Certificate of Insurance – issued by an Alberta insurer for the Licensee and must include: commercial general liability insurance for no less than five million dollars, the City named as an additional insured, a cross liability clause, products and completed operations coverage, contractual liability paragraph, non-owned automobile liability extension, operation of attached machinery clause and a</li> </ul> |                                                                                                                                              |                         |                                                                                |  |
| NA                                           | provision for the City to be given 30 days written notice prior to cancellation or material change of said policies of insurance.  H. Block Profiles - For all proposed work on untitled property (ROWs), indicating road, lane or utility Rights of Way (ROW) with the proposed location of every well/borehole/remediation system/injection point/excavation extent, including their horizontal and vertical                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                         |                                                                                |  |
|                                              | offsets from property lines. Apply online directly to CROWM ( <a href="https://crowm.calgary.ca">https://crowm.calgary.ca</a> ) for submission and review by Util Line Assignments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |                         |                                                                                |  |
| APF                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ant condu                                                                                                                                    | ucting                  | g the work on behalf of Licensee) PLEASE PRINT                                 |  |
| Company Name:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Company Address:        |                                                                                |  |
| Company Phone Number:                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                         |                                                                                |  |
| Contact Name:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Contact E-Mail:         |                                                                                |  |
| APF                                          | PLICATION ON BEHALF OF (Licensee who will ow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | vn the ins                                                                                                                                   | stalle                  | d well(s) or infrastructure)                                                   |  |
| Full Legal Company Name:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Company Address:        |                                                                                |  |
| Company Phone Number:                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                         |                                                                                |  |
| Contact Name:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Contact E-Mail:         |                                                                                |  |
| INV                                          | ESTIGATION AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | ı                       |                                                                                |  |
| Address Under Investigation (if applicable): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                         | Number of Years License Required For:                                          |  |
| Des                                          | cription of off-site City Owned Land (including School/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Park prop                                                                                                                                    | erties                  | s, Roads or ROW) required:                                                     |  |
| DET                                          | TAILS OF OPERATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |                         |                                                                                |  |
| FOR INVESTIGATIONS: FOR RE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | EMEDIATION:             |                                                                                |  |
| No. of Boreholes: No. Completed as Wells:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type of remedial infrastructure required to be installed on City lands (including equipment sheds, horizontal lines, no. of recovery wells): |                         |                                                                                |  |
| Purpose of Investigation:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                         |                                                                                |  |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Monitoring Frequency:   |                                                                                |  |
| organicatio (Appriodint contact).            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | Date (iiiiii dai yyyy). |                                                                                |  |