

Fields marked with an asterisk (*) are mandatory.

Section A: Background Information

Licence/Permit ID Number *	Date Assessment Conducted (yyyy/mm/dd) *
625215	2024/06/17
Licensee/Permittee Name *	
C. H. Demill Holdings Inc.	
Location of Licence/Permit: Municipality (local and upper tiers)	
Township of Tyendinaga, County of Hastings	
Geographic Township (if applicable)	
Tyendinaga	
UTM: (if the permit or licence is in an Unorganized Territory)	

Reviewer Contact Information

Last Name *	First Name *	Middle Initial
DEMILL	MARK	J
Telephone Number *	Email *	
613-813-4337 Extension	office@chdaggregates.ca	

Address

Unit Number	Street Number *	Street Name *	PO Box
	13	Melrose Road	
City/Town *	Country *	Province/State *	Postal Code/Zip Code *
Shannonville	Canada	ON	K0K 3A0

Has there been any activity on the site this year or the 2 previous calendar years (e.g. extraction, movement of aggregate, rehabilitation, site preparation)? *

- ☒ Yes If **yes**, you must complete **sections C and D**
- ☐ No If **no**, you can complete **section B** only and provide your signature at the end of the report

Section B: Inactive Sites

Indicate whether you are in compliance with the following conditions on your site plan, licence or permit, regulation (O.Reg. 244/97) and the *Aggregate Resources Act* (ARA). If you answer "no" to any of the following conditions, you must specify the Remedial Action that is required and the Deadline Date.

Item No.	Item	In Compliance?			Comments
		Yes	No	N/A	
B1	Entrance/Exit and Gates	<input type="checkbox"/>	<input type="checkbox"/>		
B2	Signage for Site Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B3	Site Boundary Demarcation (e.g. fencing, stakes, blazing)	<input type="checkbox"/>	<input type="checkbox"/>		Indicate how boundaries have been demarcated
B4	Prohibit Unauthorized Entry (for permits only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B5	Site Screening	<input type="checkbox"/>	<input type="checkbox"/>		
B6	Scrap Storage	<input type="checkbox"/>	<input type="checkbox"/>		
B7	Excavation Faces	<input type="checkbox"/>	<input type="checkbox"/>		
B8	Water Monitoring Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B9	Other Monitoring Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify any other monitoring requirements
B10	Progressive Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>		

General Comments

Item No. and Item	Remedial Action Required	Deadline Date (yyyy/mm/dd)
Example: B3 Site Boundary Demarcation	Reinstall a 60 m section of 1.2 m tall fencing along the north part of the west boundary.	2020/12/27

Section C: Active Sites

Indicate whether you are in compliance with the following conditions on your site plan, licence or permit, regulation (O.Reg. 244/97) and the *Aggregate Resources Act* (ARA). If you answer "no" to any of the following conditions, you must specify the Remedial Action that is required and the Deadline Date.

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
Site Identification					
C1	Entrance/Exit and Gates	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Entrance at SW corner of Long's Quarry
C2	Signage for Site Identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On the berm at the corner of Casey Rd and Shannonville Road
C3	Site Boundary Demarcation (e.g. fencing, stakes, blazing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicate how boundaries have been demarcated Fenced Boundary
C4	Prohibit Unauthorized Entry (for permits only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No trespassing signs have been erected
Site Preparation					
C5	Site Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C6	Stripping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C7	Topsoil Stockpiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C8	Overburden Stockpiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C9	Tree/Stump Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Operational Details					
C10	Setbacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C11	Depth of Extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>		to a maximum of 104m
C12	Aggregate Stockpiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None at present time
C13	Excavation Faces	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None at present time
C14	Processing Equipment (e.g. crushing equipment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None on site at present time
C15	Scrap Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None at present time
C16	Fuel Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None at present time
C17	Hours of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monday-Friday 6:00 a.m. to 6:00 p.m., Occasionally on Saturdays
C18	Internal Haul Routes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None set at present time

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
C19	Dust Suppression Measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None needed at present time
C20	Asphalt/Concrete Plants or other Plants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
C21	Buildings and other structures (e.g. scalehouse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None on site at present time
C22	Importation of Material (e.g. for rehabilitation, blending, or recycling)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indicate any materials that you are importing to the site

Monitoring and Mitigation

C23	Blast Monitoring: Quarries only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None at present time
C24	Water Monitoring Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By Oakridge Env. - Sentinel Wells
C25	Other Monitoring Program (e.g. dust, adaptive management plan, natural heritage monitoring)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Specify any other monitoring requirements

Other Conditions (Add description as needed)

- that are indicated on the licence or permit (i.e. prescribed conditions for licences or permits issued between June 27, 1997 and March 31, 2021)
- that apply as noted in section 0.12 of the regulation
- any other conditions indicated on the licence, permit or site plan

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
C26		<input type="checkbox"/>	<input type="checkbox"/>		

Section D: Phasing and Rehabilitation

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
D1	Progressive Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		none started at present time
D2	Sloping of Faces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no work on site at present time
D3	Grades/Contours and/or Elevations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no work on site at present time
D4	Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no work on site at present time
D5	Disturbed Hectareage Minimized	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no work on site at present time

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
D6	Phasing/Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If operational phasing or sequencing is described on your site plan, please indicate what phase(s) you are in for extraction, progressive rehabilitation and final rehabilitation is/are currently under extraction and which phase(s) is/are undergoing rehabilitation:

Rehabilitation Information

For D7 – D12, provide information based on the previous calendar year.

Item No.	Item
D7	Disturbed Hectareage – Number of hectares disturbed in the previous calendar year : 0.00
D8	Disturbed Hectareage – Number of hectares disturbed in total (including amount in D7) : 0.00
D9	Progressive Rehabilitation – Number of hectares rehabilitated in the previous calendar year : 0.00
D10	Progressive Rehabilitation – Number of hectares rehabilitated in total (including amount in D9) : 0.00
D11	<p>Check all activities that you have completed in the previous calendar year:</p> <div> <input type="checkbox"/> backfilling slopes/pit floor <input type="checkbox"/> rough grading <input type="checkbox"/> cultivating </div> <div> <input type="checkbox"/> aerating/reducing compaction <input type="checkbox"/> re-spreading topsoil/overburden <input type="checkbox"/> seeding/tree planting </div> <input type="checkbox"/> other specify activity: _____ Comments
D12	<p>Indicate the intended end use of the area that was rehabilitated in the previous calendar year (select all that apply):</p> <div> <input type="checkbox"/> agricultural (e.g. field crops, pasture) <input type="checkbox"/> natural (e.g. woodland/forest, meadow, prairie, alvar) </div> <div> <input type="checkbox"/> recreational (e.g. park, golf course, sports facility) <input type="checkbox"/> water (e.g. open pond, wetland, watercourse, aquaculture) </div> <div> <input type="checkbox"/> open (e.g. exposed aggregate for residential, commercial or industrial purposes) <input type="checkbox"/> general rehabilitation (e.g. meeting minimum requirements) type </div> Comments

General Comments

Item No. and Item *	Remedial Action Required*	Deadline Date (yyyy/mm/dd) *
Example: C3 Site Boundary Demarcation	Reinstall a 60 m section of 1.2 m tall fencing along the north part of the west boundary	2020/12/27

I certify that the information provided in this report is true to the best of my knowledge and acknowledge that it is an offence under subsection 57(5) of the *Aggregate Resources Act* to furnish false or misleading information in a report.

Signature of licensee/permittee or authorized person **Mark Demill** Digitally signed by Mark Demill
Date: 2024.06.17 15:08:15 -04'00'

Ministry Office Use Only	
Receipt Date (yyyy/mm/dd)	Review Date (yyyy/mm/dd)
Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	MNRF Signature