

Fields marked with an asterisk (*) are mandatory.

Section A: Background Information

License/Permit ID Number *	Date Assessment Conducted (yyyy/mm/dd) *
625215	2025/06/11
Licensee/Permittee Name *	
C.H. Demill Holdings	
Location of Licence/Permit: Municipality (local and upper tiers)	
Township of Tyendinaga, County of Hastings	
Geographic Township (if applicable)	
Tyendinaga	
JUTM: (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	ONTARIO	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"/>	Sign has been erected at the corner of Case Rd and Shannonville Road on Berm
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"/>		Has been started
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"/>		Not on site at present time
C17	Hours of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monday to Friday 6:00am-6:00 pm. Occasional on a Saturday
C18	Internal Haul Routes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None set at this time
C19	Dust Suppression Measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None needed at this time

Item No.	Item	In Compliance? *			Comments
		Yes	No	N/A	
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"/>	No blasting done at this time
C24	Water Monitoring Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By Oakridge Dev - 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 Hectarage 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 Hectarage – Number of hectares disturbed in the previous calendar year : 0.00									
D8	Disturbed Hectarage – 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> <table> <tr> <td><input type="checkbox"/> backfilling slopes/pit floor</td> <td><input type="checkbox"/> rough grading</td> <td><input type="checkbox"/> cultivating</td> </tr> <tr> <td><input type="checkbox"/> aerating/reducing compaction</td> <td><input type="checkbox"/> re-spreading topsoil/overburden</td> <td><input type="checkbox"/> seeding/tree planting</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other specify activity: _____</td> </tr> </table> <p>Comments</p>	<input type="checkbox"/> backfilling slopes/pit floor	<input type="checkbox"/> rough grading	<input type="checkbox"/> cultivating	<input type="checkbox"/> aerating/reducing compaction	<input type="checkbox"/> re-spreading topsoil/overburden	<input type="checkbox"/> seeding/tree planting	<input type="checkbox"/> other specify activity: _____		
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<input type="checkbox"/> aerating/reducing compaction	<input type="checkbox"/> re-spreading topsoil/overburden	<input type="checkbox"/> seeding/tree planting								
<input type="checkbox"/> other specify activity: _____										
D12	<p>Indicate the intended end use of the area that was rehabilitated in the previous calendar year (select all that apply):</p> <table> <tr> <td><input type="checkbox"/> agricultural (e.g. field crops, pasture)</td> <td><input type="checkbox"/> natural (e.g. woodland/forest, meadow, prairie, alvar)</td> </tr> <tr> <td><input type="checkbox"/> recreational (e.g. park, golf course, sports facility)</td> <td><input type="checkbox"/> water (e.g. open pond, wetland, watercourse, aquaculture)</td> </tr> <tr> <td><input type="checkbox"/> open (e.g. exposed aggregate for residential, commercial or industrial purposes)</td> <td><input type="checkbox"/> general rehabilitation (e.g. meeting minimum requirements) type</td> </tr> </table> <p>Comments</p>	<input type="checkbox"/> agricultural (e.g. field crops, pasture)	<input type="checkbox"/> natural (e.g. woodland/forest, meadow, prairie, alvar)	<input type="checkbox"/> recreational (e.g. park, golf course, sports facility)	<input type="checkbox"/> water (e.g. open pond, wetland, watercourse, aquaculture)	<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			
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General Comments

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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.

Mark Demill

Signature of licensee/permittee or authorized person

Digitally signed by Mark Demill
Date: 2025.06.13 11:17:37 -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