

Plan Summary Preview

Company Details

Company Legal Name

Opta Minerals Inc.

Company Address

407 Parkside Drive, Waterdown (Ontario)

Report Details

NPRI ID

7135

Facility Name

Opta Minerals Waterdown

Facility Address

407 Parkside Drive, Waterdown (Ontario)

Update Comments

Original submitted Plan Certification did not have the Licensed Planner signature.

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Ron Harber

Highest Ranking Employee

John Dietrich

Person responsible for Toxic Substance Reduction Plan preparation

Erik Martinez

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

Company Trade Name: *

Business Number: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Physical Address

Address Line 1

City

Province/Territory **

Postal Code **

Additional Information

Land Survey Description

National Topographical Description

Parent Companies

Opta Minerals Inc.

Company Legal Name: *

Percentage owned: *

Business Number: **

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Country *

Physical Address

Address Line 1

City

Province/Territory **

Postal Code **

Country

Additional Information

Land Survey Description

National Topographical Description

Opta Minerals Inc.

Company Legal Name: *

Percentage owned: *

Business Number: **

857614077

Mailing Address

Delivery Mode

Post Office Box

PO Box

260

Rural Route Number

Address Line 1

407 Parkside Avenue

City *

Waterdown

Province/Territory **

Ontario

Postal Code: **

L0R2H0

Country *

Canada

Physical Address

Address Line 1

407 Parkside Drive

City

Waterdown

Province/Territory **

Ontario

Postal Code **

L0R2H0

Country

Canada

Additional Information

Land Survey Description

National Topographical Description

Facility Validation

The information in this section was copied from the Single Window Information Manager (SWIM) at the time the plan summary was created. Please verify the information and update it where required. Please note that any changes made here will only be reflected in this plan summary. To ensure updates reflected in future reports, please ensure the information is updated in SWIM. After making updates in SWIM, return here and click the "Refresh" button to trigger a reload of the SWIM information. Please note all previously entered data

will be modified.

Facility Information

Facility Name: *	<input type="text" value="Opta Minerals Waterdown"/>
NAICS Code: *	<input type="text" value="339990"/>
NPRI Id: *	<input type="text" value="7135"/>
ON Reg 127/01 Id	<input type="text" value="11112"/>

Facility Mailing Address

Delivery Mode	<input type="text" value="Post Office Box"/>
PO Box	<input type="text" value="260"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="407 Parkside Drive"/>
City *	<input type="text" value="Waterdown"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L0R2H0"/>

Physical Address

Address Line 1	<input type="text" value="407 Parkside Drive"/>
City	<input type="text" value="Waterdown"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="L0R2H0"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="43.34830"/>
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Longitude **	<input type="text" value="-79.89550"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="589812"/>
UTM Northing **	<input type="text" value="4799869"/>

Contact Validation

The information in this section was copied from the Single Window Information Manager (SWIM) at the time the plan summary was created. Please verify the information and update it where required. Please note that any changes made here will only be reflected in this plan summary. To ensure updates reflected in future reports, please ensure the information is updated in SWIM. After making updates in SWIM, return here and click the "Refresh" button to trigger a reload of the SWIM information. Please note all previously entered data will be modified.

Contacts

Public Contact

First Name: *	<input type="text" value="Ron"/>
Last Name: *	<input type="text" value="Harber"/>
Position: *	<input type="text" value="Health and Safety Manager"/>
Telephone: *	<input type="text" value="9056897369"/>
Ext	<input type="text"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="rharber@optaminerals.com"/>

Highest Ranking Employee

First Name: *	<input type="text" value="John"/>
Last Name: *	<input type="text" value="Dietrich"/>
Position: *	<input type="text" value="CEO"/>
Telephone: *	<input type="text" value="9056897361"/>
Ext	<input type="text"/>

Fax

Email: *

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Employees

Employees

Number of Full-time Employees: *

Copy of Certifications of Plan

Copy of Certifications of Plan

Upload Document

A copy of the certification statement(s) from the Highest Ranking Employee and the Licensed Planner(s), for the Toxic Substance Reduction Plan for which the Plan Summary is being submitted are required. Please upload a single document containing all certifications.

Do not upload any certification statements that are dated after December 31. If this applies, click "?" (Help) for more information.

Comments

Website address where the Plan Summary is posted for the public

File Name

Date

2016 Revised Signed Submission.pdf

21/12/2017 4:15:08 PM

Plan Summary Submission

Electronic Submission

Company Name

Opta Minerals Inc.

Facility Name

Opta Minerals Waterdown

Report Submitted By (authorized delegate)

Ron Harber

I, the authorized delegate, acknowledge that by pressing the "Continue" button, I am electronically submitting the facility TRA Plan Summary for the identified facility.

Substances

NA - 08, Lead (and its compounds)

NA - 08, Lead (and its compounds)

Substances Section Data

Statement of Intent

Are the following included in the Facility's TRA Plan?

Use

Is there a statement that the owner or operator of the facility intends to reduce the use of the toxic substance at the facility?: *

No

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the use of the toxic substance at the facility: **

If 'no', reason in the facility's TRA Plan for no intent to reduce the use of the toxic substance at the facility: **

No lead created or used on site in 2016

Creation

Is there a statement that the owner or operator of the facility intends to reduce the creation of the toxic substance at the facility?: *

No

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the creation of the toxic substance at the facility: **

If 'no', reason in the facility's TRA Plan for no intent to reduce the creation of the toxic substance at the facility: **

Objectives, Targets and Description

Objectives

Objectives in plan: *

Use Targets

What is the targeted reduction in use of the toxic substance at the facility? *

No quantity target

Quantity

Unit

or

What is the targeted timeframe for this reduction? *

No timeline target

years

or

Description of targets

Creation Targets

What is the targeted reduction in creation of the toxic substance at the facility? *

No quantity target

Quantity

Unit

or

What is the targeted timeframe for this reduction? *

No timeline target

years



or

Description of Target

Reasons for Use

Why is the toxic substance used at the facility?: *

Other

Summarize why the toxic substance is used at the facility: **

The lead is contained in the raw material.

Reasons for Creation

Why is the toxic substance created at the facility?: *

This substance is not created at the facility

Summarize why the toxic substance is created at the facility: **

Toxic Reduction Options for Implementation

Description of the toxic reduction option(s) to be implemented

Is there a statement that no option will be implemented?: *

Yes, we are not implementing

If you answered "No" to this question, please add the option(s) under the appropriate Toxic Substance Reduction Categories (e.g. Materials or feedstock substitution, Product design or reformulation, etc.).

If you answered "Yes" please select the appropriate reason(s) in the picklist below for why no option was implemented for this substance at your facility. You may choose to provide an explanation in the text box that is beneath the picklist.

Materials or feedstock substitution

Empty

Product design or reformulation

Empty

Equipment or process modifications

Empty

Spill or leak prevention

Empty

On-site reuse, recycling or recovery

Empty

Improved inventory management or purchasing techniques

Empty

Good operator practice or training

Empty

Identify at least one reason why no option to reduce the use or creation of this substance was implemented at your facility:

Select the applicable reason or reasons **

The substance occurs naturally in the product feedstock and cannot be reduced

Explanation of the reasons why no option will be implemented

The raw material used is dependent on the supply available and the source material, which is out of the facility's control.

Rationale for why the listed options were chosen for implementation

General description of any actions undertaken by the owner and operator of the facility to reduce the use and creation of the toxic substance at the facility that are outside of the plan

Make every effort to choose raw material with lower concentrations of lead when possible.

License Number of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (format TSRPXXXX): *

TSRP0005

Name of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (First Name Last Name)

License Number of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (format TSRPXXXX): *

TSRP0005

Name of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (First Name Last Name)

What version of the plan is this summary based on?: *

NA - M09, PM10 - Particulate Matter <= 10 Microns

NA - M09, PM10 - Particulate Matter <= 10 Microns

Substances Section Data

Statement of Intent

Are the following included in the Facility's TRA Plan?

Use

Is there a statement that the owner or operator of the facility intends to reduce the use of the toxic substance at the facility?: *

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the use of the toxic substance at the facility: **

If 'no', reason in the facility's TRA Plan for no intent to reduce the use of the toxic substance at the facility: **

Creation

Is there a statement that the owner or operator of the facility intends to reduce the creation of the toxic substance at the facility?: *

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the creation of the toxic substance at the facility: **

If 'no', reason in the facility's TRA Plan for no intent to reduce the creation of the toxic substance at the facility: **

Objectives, Targets and Description

Objectives

Objectives in plan: *

There were no possible reduction options identified.

Use Targets

What is the targeted reduction in use of the toxic substance at the facility? *

No quantity target	Quantity	Unit
<input checked="" type="checkbox"/>	or	<input type="text"/>

What is the targeted timeframe for this reduction? *

No timeline target	years
<input checked="" type="checkbox"/>	or <input type="text"/>

Description of targets

Creation Targets

What is the targeted reduction in creation of the toxic substance at the facility? *

No quantity target	Quantity	Unit
<input checked="" type="checkbox"/>	or	<input type="text"/>

What is the targeted timeframe for this reduction? *

No timeline target	years
<input checked="" type="checkbox"/>	or <input type="text"/>

Description of Target

Reasons for Use

Why is the toxic substance used at the facility?: *

As an article component

Summarize why the toxic substance is used at the facility: **

PM10 is contained in the raw feed stock.

Reasons for Creation

Why is the toxic substance created at the facility?: *

This substance is not created at the facility

Summarize why the toxic substance is created at the facility: **

Toxic Reduction Options for Implementation

Description of the toxic reduction option(s) to be implemented

Is there a statement that no option will be implemented?: *

Yes, we are not implementing

If you answered "No" to this question, please add the option(s) under the appropriate Toxic Substance Reduction Categories (e.g. Materials or feedstock substitution, Product design or reformulation, etc.).

If you answered "Yes" please select the appropriate reason(s) in the picklist below for why no option was implemented for this substance at your facility. You may choose to provide an explanation in the text box that is beneath the picklist.

Materials or feedstock substitution

Empty

Product design or reformulation

Empty

Equipment or process modifications

Empty

Spill or leak prevention

Empty

On-site reuse, recycling or recovery

Empty

Improved inventory management or purchasing techniques

Empty

Good operator practice or training

Empty

Identify at least one reason why no option to reduce the use or creation of this substance was implemented at your facility:

Select the applicable reason or reasons **

Already implemented/ will be implementing other regulatory programs and industry initiatives (e.g. EMS, pollution prevention), The substance occurs naturally in the product feedstock and cannot be reduced, The substance is an unintended or unavoidable by-product created during the manufacturing process

Explanation of the reasons why no option will be implemented

The process is fully optimized and no options were available to reduce the release of PM10.

Rationale for why the listed options were chosen for implementation

General description of any actions undertaken by the owner and operator of the facility to reduce the use and creation of the toxic substance at the facility that are outside of the plan

License Number of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (format TSRPXXXX): *

TSRP0005

Name of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (First Name Last Name)

Erik Martinez

License Number of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (format TSRPXXXX): *

TSRP0005

Name of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (First Name Last Name)

Erik Martinez

What version of the plan is this summary based on?: *

New Plan