

Property Survey Access Consent Form

<i>It is important that Canadian Nuclear Laboratories (CNL) has your current contact information to communicate with you as the work progresses. Please include all cell phone numbers and email addresses, in addition to your land-based phone line (if you have one).</i>		Historic Waste Program Management Office 25 Henderson Street, Port Hope, Ontario, L1A 0C6 Phone: (905) 885-0291 Fax: (905) 885-9344	
OFFICIAL USE ONLY			
File #:	Non Standard #:	Site Identification #:	
Property Address			
Street Number & Name:			
Municipality:	Province: Ontario	Postal Code:	
Property Owner Name(s):			
Phone Number(s):		Cell Number(s):	
Email address:			
Property Owner Mailing Address (if different from above)			
Street Number & Name:			
Municipality:	Province:	Postal Code:	
Please check all applicable boxes:			
<input type="checkbox"/> I am (we are) the Property Owner(s). All owners must sign below.		<input type="checkbox"/> I am (we are) NOT the Property Owner(s). Permission to act on behalf is attached in writing. All owner delegates must sign below.	
<input type="checkbox"/> Renters live at this property and are aware of this form.		<input type="checkbox"/> This is a business property and the business is aware of this form.	
<p>I allow access to the property by CNL personnel or by authorized persons working on behalf of CNL for the purpose of conducting surveys and detailed investigations for the identification of contaminants associated with historic low-level radioactive waste that may exceed the Port Hope Area Initiative Cleanup Criteria. Such investigations may entail drilling exterior boreholes, collection of soil samples, interior/exterior contamination surveys and interior radon gas sample collection.</p> <p>CNL will leave the property in the same state as it was prior to the survey, to the extent practicable. Arrangements for access will be made verbally and in advance of any on-site investigations.</p> <p>If the survey reveals the presence of low-level radioactive waste exceeding the Port Hope Area Initiative Cleanup Criteria, any cleanup by CNL would be the subject of a separate agreement. If the survey reveals the presence or potential presence of other chemical substances exceeding relevant environmental standards, you will be notified of such information.</p> <p>I acknowledge that all information collected as part of the surveys/investigations will be the property of CNL and may be shared with its contractors and consultants for the purposes of carrying out the PHAI Port Hope Project.</p>			
DATE	OWNER / OWNER DELEGATE NAME (Printed)	OWNER / OWNER DELEGATE SIGNATURE	
CNL Representative (Printed):			
Signature:		Date:	
<small>Personal information collected on this form is protected under the federal Privacy Act and will be used to administer the Port Hope Radiological Survey Program including to allow access to your property for the purpose of conducting surveys and investigations. Failure to provide the information may have an impact on the Property Resurvey project status. Please contact Canadian Nuclear Laboratories or the Coordinator, Access to Information and Privacy at AECL https://www.aecl.ca/access-to-information-and-privacy-acts/ in the event you would like access to your personal information. Full details regarding this collection of information are available at Info Source https://www.aecl.ca/access-to-information-and-privacy-acts/info-source by referring to "Institute-Specific Personal Information Bank AECL PPU 007."</small>			

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Signed document to be returned to:
 Historic Waste Program Management Office
 25 Henderson Street, Port Hope, Ontario, L1A 0C6

Port Hope Property Radiological Survey

Please fill out the information below and send this form back with your signed Property Survey Access Consent Form. This information will assist the Port Hope Area Initiative so we can contact you to schedule your Port Hope Property Radiological Survey appointment.*

Primary contact name(s): _____

Port Hope property address: _____

Contact phone number: _____

Alternative phone number: _____

Site Identification Number (found at the top of your letter): _____

Best time to reach you to schedule the appointment:

Any day, any time

Monday-Friday or Weekends

9 a.m. to 12 p.m. 12 p.m. to 3 p.m. 3 p.m. to 6 p.m. 6 p.m. to 8 p.m.

*It is your obligation to inform your tenant (if applicable) and other property owners about the survey activities and any scheduled appointments. Please ensure that the contact information for the person with whom we should make the scheduling arrangements and who will be at the property when the survey team visits is provided on this form.

To contact us:

Historic Waste Program Management Office
Port Hope Area Initiative
25 Henderson Street, Port Hope, Ontario L1A 0C6
905.885.0291 • www.phai.ca • propertysurvey@phai.ca

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