

Report Preview

Company Details

Name

Masterfeeds Inc.

Address

1020 Hargrieve Road, London (Ontario)

Report Details

NPRI ID

10483

Report Status

Update 1 - Submitted

Report Year

2014

Report Type

DNMC

Facility Name

Prescott

Facility Address

3033 River Road, Prescott (Ontario)

Update Comments

Include TRA

Activity Details

Applicable Programs

Please select all that apply.

The following programs will be notified that the facility does not meet the reporting criteria.

Environment Canada Programs

☒ NPRI - National Pollutant Release Inventory

Partnering Programs

- ☒ ON MOE TRA - Ontario Ministry of the Environment for the Toxic Reductions Act
- ☐ NFPRER - National Framework for Petroleum Refinery Emission Reductions

Contacts

Select the appropriate person from the drop-down menu for each contact.

Facility Contacts

Select the appropriate person from the drop-down menu for each contact.

Technical Contact: *

Steve Howe

Certifying Official (or authorized delegate): *

Bill Kittmer

Highest Ranking Employee: *

Steve Howe

Person who prepared the report: *

Erik Martinez

Person who coordinated the preparation of the Toxics Reduction Plan (required after a plan summary has been submitted)

Company Coordinator (optional)

Public Contact (optional)

Contractor Contact (optional)

Erik Martinez

If you are an independent contractor or consultant, please enter your company name in the field below

GHD Limited

Facility Does Not Meet Reporting Criteria

Since you have indicated that this facility does not meet the reporting criteria for the identified program (or programs), please indicate the reason in the comments box below.

For NPRI

Enter Reason Facility Does Not Meet Criteria (DNMC) *

Employees worked less than a total of 20,000 hours during 2014.

For ON MOE TRA

Exit Record – TRA Ceases to Apply for the Entire Facility

Special Note - Please be aware that a similar Exit Record is available if your facility(ies) only has certain prescribed substances that are no longer subject to the Act and the regulation.

Select the circumstance(s) that apply *

All substances that were previously reported by the facility no longer meet the criteria to report (Please see helpfile for further information)

Describe the circumstances that lead to the criteria no longer being met *

Employees worked less than a total of 20,000 hours during 2014.

Describe the information and any quantifications relied upon for making the determination: *

Information provided by Facility

Verify Facility Information

Company Information

Company Details

Company Legal Name

Masterfeeds Inc.

Business Number

131023855

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

1020 Hargrieve Road

City *

London

Province/Territory **

Ontario

Postal Code: **

N6E1P5

Country *

Canada

Facility Information

Facility *

Prescott

NAICS Code *

311119

Facility Physical Address

Address Line 1

3033 River Road

City

Prescott

Province/Territory **

Ontario

Postal Code **

K0E1T0

Country

Canada

Additional Information

Land Survey Description

National Topographical Description

Geographical Address

Latitude **

44.71260

Longitude **

-75.50720

UTM Zone **

18

UTM Easting **

455638

UTM Northing **

4953527

Facility Contacts

Contact Types

Technical Contact

First Name: *

Steve

Last Name: *

Howe

Position: *

Telephone: *

Ext

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Country *

Certifying Official

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Mailing Address

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	1020 Hargrieve Road
City *	London
Province/Territory **	Ontario
Postal Code: **	N6E 1P5
Country *	Canada

Highest Ranking Employee

First Name: *	Steve
Last Name: *	Howe
Position: *	Sales & Operations Manager
Telephone: *	6139252878
Ext	<input type="text"/>
Fax	6139253380
Email: *	showe@masterfeeds.com

Mailing Address

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	3033 Count Road 2
City *	Johnstown

Province/Territory **

Ontario

Postal Code: **

K0E 1T1

Country *

Canada

Contractor Contact

First Name: *

Erik

Last Name: *

Martinez

Position: *

Environmental Consultant

Telephone: *

5198840510

Ext

2342

Fax

5198840525

Email: *

erik.martinez@ghd.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

651 Colby Drive

City *

Waterloo

Province/Territory **

Ontario

Postal Code: **

N2V1C2

Country *

Canada

Person who prepared the report

First Name: *

Erik

Last Name: *

Martinez

Position: *	<input type="text" value="Environmental Consultant"/>
Telephone: *	<input type="text" value="5198840510"/>
Ext	<input type="text" value="2342"/>
Fax	<input type="text" value="5198840525"/>
Email: *	<input type="text" value="erik.martinez@ghd.com"/>

Mailing Address

Delivery Mode	<input type="text" value="General Delivery"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="651 Colby Drive"/>
City *	<input type="text" value="Waterloo"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N2V1C2"/>
Country *	<input type="text" value="Canada"/>

Report Submission and Electronic Certification

NPRI - Electronic Statement of Certification

Specify the language of correspondence

<input type="text" value="English"/>

Comments (optional)

<input type="text"/>

I hereby certify that I have exercised due diligence to ensure that the submitted information is true and complete. The amounts and values for the facility(ies) identified below are accurate, based on reasonable estimates using available data. The data for the facility(ies) that I represent are hereby submitted to the programs identified below using the Single Window Reporting Application.

I also acknowledge that the data will be made public.

Note: Only the person identified as the Certifying Official or the authorized delegate should submit the report(s) identified below.

Company Name

Masterfeeds Inc.

Certifying Official (or authorized delegate)

Bill Kittmer

Report Submitted by

Steve Howe

I, the Certifying Official or authorized delegate, agree with the statements above and acknowledge that by pressing the "Submit Report(s)" button, I am electronically certifying and submitting the facility report(s) for the identified company to its affiliated programs.

ON MOE TRA - Electronic Certification Statement

Exit Record Certification Statement

Company Name

Masterfeeds Inc.

Highest Ranking Employee

Steve Howe

Report Submitted by

Steve Howe

I, the highest ranking employee, agree with the certification statement(s) above and acknowledge that by checking the box I am electronically signing the statement(s). I also acknowledge that by pressing the 'Submit Report(s)' button I am submitting the facility record(s)/report(s) for the identified facility to the Director under the Toxics Reduction Act, 2009. I also acknowledge that the Toxics Reduction Act, 2009 and Ontario Regulation 455/09 provide the authority to the Director under the Act to make certain information as specified in subsection 27(5) of Ontario Regulation 455/09 available to the public.

Submitted Report

Period	Submission Date	Facility Name	Province	City	Programs
2014	02/05/2016	Prescott	Ontario	Prescott	NPRI, ON MOE TRA

Note: If there is a change in the contact information for the facility, a change in the owner or operator of the facility, if operations at the facility are terminated, or if information submitted for any previous year was mistaken or inaccurate, please update this information through SWIM or by contacting the National Pollutant

Release Inventory directly.