



National Pollutant Release Inventory (NPRI) and Partners



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SWIM > 2016 > Aqua Bond Inc. > Aqua Bond Inc. (Update 1) > Report Preview

* indicates a required field, ** indicates a conditionally required field

Plan Summary Preview

Company Details

Company Legal Name

Aqua Bond Inc.

Company Address

440 Passmore Avenue, Toronto (Ontario)

Report Details

NPRI ID

4433

Facility Name

Aqua Bond Inc.

Facility Address

440 Passmore Avenue, Toronto (Ontario)

Update Comments

Typo in Objectives box.

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Bruce Girard

Highest Ranking Employee

Bruce Girard

Person responsible for Toxic Substance Reduction Plan preparation

Jeffrey Castrucci

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

Aqua Bond Inc.

Company Trade Name: *

Aqua Bond Inc.

Business Number: *

820752657

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

440 Passmore Avenue

City *

Toronto

Province/Territory **

Ontario

Postal Code: **

M1V 5J8

Physical Address

Address Line 1

440 Passmore Avenue

City

Toronto

Province/Territory **

Ontario

Postal Code **

M1V 5J8

Additional Information

Land Survey Description

National Topographical Description

Parent Companies

Empty

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: *

Aqua Bond Inc.

NAICS Code: *

325189

NPRI Id: *

4433

ON Reg 127/01 Id

Facility Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

440 Passmore Avenue

City *

Toronto

Province/Territory **

Ontario

Postal Code: **

M1V 5J8

Physical Address

Address Line 1

440 Passmore Avenue

City

Toronto

Province/Territory **

Ontario

Postal Code **

M1V 5J8

Additional Information

Land Survey Description

National Topographical Description

NPRI Facility Location

Latitude (decimal degrees) *

43.82995

Longitude (decimal degrees) *

-79.25403

UTM Zone

UTM Easting

UTM Northing

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: *

Bruce

Last Name: *

Girard

Position: *

President/CEO

Telephone: *

4167547211

Ext

Fax

4167547143

Email: *

bruce.girard@aquabond.ca

Highest Ranking Employee

First Name: *

Bruce

Last Name: *

Girard

Position: *

President/CEO

Telephone: *

4167547211

Ext

Fax

4167547143

Email: *

bruce.girard@aquabond.ca

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Jeffrey

Last Name: *

Castrucci

Position: *

Process Quality Manager

Telephone: *

4167547211

Ext

Fax

4167547143

Email: *

jeffrey.castrucci@aquabond.ca

Employees

Employees

Number of Full-time Employees: *

12

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 *

Plan Summary Submission

Electronic Submission

Company Name

Facility Name

Report Submitted By (authorized delegate)



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 - 19, Hexavalent chromium (and its compounds)

NA - 19, Hexavalent chromium (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?: *

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: *

The company has installed a closed dissolution room, with its own scrubber. Emissions have been measured and are very low. The Company will continue their effort in protecting the environment.

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	

What is the targeted timeframe for this reduction? *

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

Description of targets

The Company does not intend to reduce the use of the reportable toxic substance. The toxic substance is required for product and public safety.

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	

What is the targeted timeframe for this reduction? *

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

Description of Target

The reportable toxic substance is not created at the facility.

Reasons for Use

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

As a formulation component

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

The company prepares chromic acid solutions, for the market; it is not an internal use.

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: **

The reportable toxic substance is not 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 is essential in the manufacturing process and becomes a product or component of the product, There are no safer alternatives identified

Explanation of the reasons why no option will be implemented

The facility has been unable to identify opportunities to further reduce emissions.

Rationale for why the listed options were chosen for implementation

The facility did not identify any potential reduction options. No technically and economically feasible reduction options which might result in equal or greater reductions were identified by the planner.

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

n/a

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

TSRP0041

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

Christina Wright

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

TSRP0041

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

Christina Wright

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

New Plan

Version: 3.14.0

