



Environmental Public Health Department
 Population and Public Health
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Application for an Approval to Establish, Extend, Renovate or Alter a Ground Water Public Water Supply

This form and guideline details the information to be submitted by any person wishing establish, extend, renovate or alter a public water supply. This application form has been prepared in accordance with Section 5 of *The Health Hazard Regulations, 2002*.

If you are applying for an **approval to establish, extend, renovate or alter** a public water supply, the application must be completed and forwarded to your Regional Health Authority Office at least one month prior to the planned construction of a new or significantly altered public water supply.

Overall Review of the Waterworks System

The applicant wishing to the establish, extend, renovate or alter a public water supply shall ensure that all information with respect to the source of the water supply and the design of the water supply system that are part of the public water supply and distribution system has been submitted. Manufacturer's technical information on equipment design and operations should be attached to the application. Further information may be requested by the Regional Health Authority if it is believed that the submitted information is not sufficient.

Section I - Administrative Information

- Premises name: (in full) _____
- Location of water supply system: Legal land description or GPS _____
 RM or City/Town: _____
- Owner's Name: _____ Mailing Address: _____
 City/Town: _____ Prov/State: _____ Postal Code: _____
- Operator's Name: _____ Telephone: _____ (h) _____ (w) _____ (c) _____
- Emergency Contact
 Name: _____ Telephone: _____ (h) _____ (w) _____ (c) _____
 Name: _____ Telephone: _____ (h) _____ (w) _____ (c) _____
- Construction application additional details
 Name of Consultant/Engineer/Designer/Supplier: _____
 Mailing Address/Postal Code: _____
 Estimated cost of project \$ _____ Phone Number: _____

Section II - Water Supply System General Information

- What is the source of water? New or Existing
 Water Hauler (name) _____ Well River
 Lake Cistern (water source) _____ Other: _____
 Spring Dugout
- Facilities Served (check all apply):
 Non Potable Food Distributor Hotel/Motel
 Campground Recreational Area Special Event
 Urban Municipal Well Residential Public Eating Establishment
 Rural Municipal Well Personal Care Home B&B/Vacation Farms
 Trailer Park Wayside Area Water Haulers
 Daycare Food Processor (Other) Limited Scope Pipeline
 School Group Home Other _____
 Outfitter Special Care Home
 Food Processor Licensed Hospital

Describe the type of usage (eg. 15 hotel rooms, 5 seasonal cabins, etc)

3. If the source is a well or spring, please fill out the following table.

Well information	Well # _____	Well # _____
Water Rights License No		
Well Name/number		
Water usage (e.g. year-round, seasonal, backup, etc)		
Well Type (i.e. construction method: artesian, drilled, dug, driven, sand point, bored)		
Casing type (concrete, fibreglass, metal, wood, plastic, other)		
Pump Type (e.g. centrifugal, hand, jet, submersible)		
Well completion depth (m)		
Water depth (m)		
Location (eg. Legal Description Sec-Twp- Rge-Mer or description)		
Well Drilling Contractor		
Date Well Came Into Production (Month/Year)		
Does casing extend 60 cm above ground? (yes, no, unsure)		
Watertight well lid and screen vent(s)? (yes, no, unsure)		
Production Rate (L/s)		
Land slope and characteristics surrounding well (e.g sloped away, in a depression, etc)		

If available, attach a well driller's report or log (may be available from the Sask. Watershed Authority Ph: 306-694-3930)

4. Sampling Requirements

Bacteriological: Frequency _____ (i.e. Month, Week, Year)
 Major Ion: Frequency _____ (i.e. Month, Week, Year)
 Other: _____ Frequency _____ (i.e. Month, Week, Year)

5. What water treatment units are proposed? (Attach additional technical information, if available.)

(Check the boxes for each treatment that is or will be used)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Aeration <input type="checkbox"/> Coagulation/Flocculation <input type="checkbox"/> Softening <input type="checkbox"/> Algae Control <input type="checkbox"/> Iron Removal <input type="checkbox"/> Distillation <input type="checkbox"/> Other: _____ <ul style="list-style-type: none"> o Sedimentation o Oxidation (chemical) _____ | <p>Filtration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Biological Filtration (SS) <input type="checkbox"/> High Rate Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Other _____ <ul style="list-style-type: none"> o Diatomaceous Earth (DE) o Activated Carbon Contactor |
|--|---|

6. Is Disinfection being provided?

- Calcium Hypochlorite
- Sodium Hypochlorite
- Ultraviolet Light
- Other _____

7. Is a distribution system present? Yes No If yes, number of service connections: _____
8. Approximate maximum number of people served by this water supply (under maximum conditions): _____
9. What are the flow rates for the plant?

Flows	Average Daily Flow	Maximum Daily Flow	Plant Service Flow Rate
Current (N/A if new PW supply)			
Design			

10. Facilities are: Year-round Seasonal - Month Opening Date: _____ Month Closing Date: _____
11. Please describe the piping system, if present, that conveys raw water from the source to the water treatment plant.
- _____
- _____
- _____

12. Backflow Prevention
- If proposed, do truck fill stations have backflow prevention devices? Yes No
- Is there backflow prevention installed to prevent water from flowing back to the well? Yes No
- Type of Backflow Prevention
- Vacuum breaker Double check valve (DCV) Single check valve
- Reduced pressure valve Testable DCV Other: _____
- Describe location of each valve: _____
- _____
- _____

13. Water Metering
- Please list all flow monitoring locations:
- Location: _____ Imperial Gallons/ Cubic Meters/ Other: _____
- Location: _____ Imperial Gallons/ Cubic Meters/ Other: _____

14. Describe the proposed usage of the water from the proposed system:
- Drinking Fire Suppression / prevention Commercial Use _____
- Cooking Personal Hygiene Other _____
- Irrigation Agricultural Use (e.g. livestock watering, chemical mixing)
- Domestic (toilet flushing, etc)

15. Provide the existing water quality. (Please attach water quality report to the application)

16. Description of the works

Brief description of the works to be constructed, altered or decommissioned

Section III - Water Supply System Diagrams

Site Plan – Please provide a diagram that indicates the proposed and/or existing source water location(s) on the site plan below with respect to the following items (if applicable): property lines, sewage and waste disposal systems, location of underground storage, all intermittent, natural and artificial bodies of water, other wells including abandoned wells, access roads, structures, livestock areas other areas that may be potential sources of contamination. Attach

copies of professional drawings if available.

Flow Diagram – Please provide a flow diagram of the proposed and existing water system below and indicate the following items (if applicable): all equipment and treatment devices, detailed equipment plan indicating all types of treatment devices and operational equipment, including their intended use, water distribution lines, and hydrants/flushouts, and their connections to all water users. Be sure to indicate the direction path of flow through the system. Attach copies of professional drawings if available.

Signature

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, this information is true, complete and accurate.

Printed Name of Person Signing

Title

Address

Postal Code

Telephone Number

Fax Number

Date of Application

Signature

For more information call Population and Public Health at 655-4605



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