



APPLICATION FOR APPROVAL TO ESTABLISH, EXTEND, RENOVATE, OR ALTER A PUBLIC WATER SUPPLY— Part 1—Intake & Source Information Form

This application form details the information to be submitted by any person wishing to establish, extend, renovate or alter a public water supply. Approval for establishment and/or changes of a public water supply must be obtained in writing from the Regional Health Authority. This application form has been prepared in accordance with Section 5 of The Health Hazard Regulations, 2002.

This application form and additional documents must be completed and forwarded to the Population Health Unit, as noted above, at least one month prior to the planned construction/operation of a new or significantly altered public water supply. Water source and 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. This application form focuses on proposed operational services and source assessment to determine any potential areas of concern. This form is PART 1 of 2.

Please ensure that each section of the application is completed in a concise and clear manner.

Public Water System Approval of Application Process Overview

The approval process for public water systems is separated in two parts. Both parts need to be approved prior to construction and operation.

PART 1: Administrative and Source Assessment —> Identify any potential chemicals/pathogens of concern

PART 2: Proposed Treatment Train Assessment —> Determining if above issues in Part 1 are addressed

\*\*\*Once PART 1 has been completed and approved by the PHU, the Public Health Inspector will provide the PART 2 application form to the applicant. \*\*\*

Section I – Administrative Information

1. Premise Name (in Full):

Old Facility Name (For existing facilities with new owners) if applicable

Facilities are [ ] Year-round [ ] Seasonal -- Month Opening Date: \_\_\_\_\_ Month Closing Date: \_\_\_\_\_

2. Facility Address

Location of water supply system

Legal land description or GPS

Community or RM or City/Town

3. Facility Mailing Address: [ ] Same as above

Facility Website Facility Phone

Facility Email Facility Fax

4. Legal Owner Name

Mailing Address Email

City Prov./State Postal Code

Home Phone Cell Phone Work Phone

5. Operator Name

Home Phone Cell Phone:

Work Phone Email:

**Section II – Water Supply General Information—check all that apply and fill out applicable details**

1. What is the source of water?

- Lake \_\_\_\_\_  Cistern (water hauler)  River \_\_\_\_\_  
 Spring \_\_\_\_\_  Other: \_\_\_\_\_  
 Well \_\_\_\_\_  Dugout \_\_\_\_\_

2. Water Hauler Source:  Municipal \_\_\_\_\_

3. Water Source: New, Existing, Upgrade: \_\_\_\_\_

4. Water Distribution: New, Existing, Upgrade: \_\_\_\_\_

5. Facility Power Source:  Municipal  Grid  Solar Power  None (Gravity Fed System)  
 Generator— Continuous or  Intermittent (turned off throughout the day)

6. Facilities Served (check all apply):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Campground           | <input type="checkbox"/> Food Processor Licensed | <input type="checkbox"/> Group Home                  | <input type="checkbox"/> Water Haulers          |
| <input type="checkbox"/> Urban Municipal Well | <input type="checkbox"/> Food Distributor        | <input type="checkbox"/> Special Care Home           | <input type="checkbox"/> Limited Scope Pipeline |
| <input type="checkbox"/> Rural Municipal Well | <input type="checkbox"/> Recreational Area       | <input type="checkbox"/> Hospital                    | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Trailer Park         | <input type="checkbox"/> Residential             | <input type="checkbox"/> Hotel/Motel                 |   |
| <input type="checkbox"/> Daycare              | <input type="checkbox"/> Personal Care Home      | <input type="checkbox"/> Special Event               |   |
| <input type="checkbox"/> School               | <input type="checkbox"/> Wayside Area            | <input type="checkbox"/> Public Eating Establishment |   |
| <input type="checkbox"/> Outfitter            | <input type="checkbox"/> Food Processor (Other)  | <input type="checkbox"/> B&B/Vacation Farms          |   |

Describe the quantity and type of distribution (e.g. 15 hotel rooms, 5 seasonal cabins, etc): \_\_\_\_\_

7. Describe the proposed usage of the water from the proposed system:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Drinking   | <input type="checkbox"/> Domestic (toilet flushing, etc.) | <input type="checkbox"/> Agricultural Use (e.g. livestock watering, chemical mixing) |
| <input type="checkbox"/> Cooking    | <input type="checkbox"/> Fire Suppression / prevention    | <input type="checkbox"/> Commercial Use  |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Personal Hygiene                 | <input type="checkbox"/> Other   |

8. Approximate daily maximum number and type of people served by this water supply (under maximum conditions): \_\_\_\_\_

- Young  Old  Pregnant  Immunocompromised  Healthy

**9. If this is an existing water system, please answer the following questions**

Has this water supply system experienced or is currently having:

- |  |  |
|--|--|
| water quantity problems (e.g. not enough water)                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| water quality issues (i.e. smell, color, taste)                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| unacceptable levels of coliforms                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Currently under a precautionary drinking water advisory (PDWA) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Currently under an emergency boil water order (EBWO)           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Other problems: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |

If yes, please explain: \_\_\_\_\_

Are any of the following potential contamination sources are within 30m (100 ft) and/or 300m (1000 ft) of the well or surface water withdrawal point? Fill in the estimated distances if known or applicable:

Potential Contamination Source	Distance	Within 30m?	Within 300 m?
Chemical or fuel storage		<input type="checkbox"/>	<input type="checkbox"/>
Landfill or refuse storage		<input type="checkbox"/>	<input type="checkbox"/>
Manure storage or application		<input type="checkbox"/>	<input type="checkbox"/>
Livestock		<input type="checkbox"/>	<input type="checkbox"/>
Wildlife (i.e. beaver dams)		<input type="checkbox"/>	<input type="checkbox"/>
Onsite Sewage System		<input type="checkbox"/>	<input type="checkbox"/>
Well(s) – active		<input type="checkbox"/>	<input type="checkbox"/>
Well(s) – abandoned		<input type="checkbox"/>	<input type="checkbox"/>
Other concern: _____		<input type="checkbox"/>	<input type="checkbox"/>

**Site Plan** - Please indicate the proposed and/or existing water source/intake 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. Please also include facility distribution system and water movement at the intake. Attach copies of professional drawings if available. Attach additional sheets if extra space is required.

**Section III – New Water Source Technical Data**

**1. Well – Ground Water Source/ spring:**

Well information	Well # _____
Water Rights License No	
Well Name/number	
Water depth (m)	
Location (e.g. Legal Description Sec-Twp- Rge-Mer or description)	
Well head protected?	
Does casing extend 60 cm above ground? (yes, no, unsure)	
Watertight well lid and screen vent(s)? (yes, no, unsure)	
Land slope and characteristics surrounding well (e.g. sloped away, in a depression, etc)	

**Well Drillers Report Information – Please attach well driller’s report or log if available**  Attached  
 (may be available from the Sask. Water Security Authority Ph: 306-694-3900 ):

Well Type (i.e. construction method: artesian, drilled, dug, driven, sand point, bored)	
Casing type (concrete, fiberglass, metal, wood, plastic, other)	
Pump Type (e.g. centrifugal, hand, jet, submersible)	
Well completion depth (m)	
Well Drilling Contractor	
Date Well Came Into Production (Month/Year)	
Production Rate (L/s)	

**2. Surface Water Source – Lake, river, or dugout**

Name of source \_\_\_\_\_

Intake location: \_\_\_\_\_

Water diversion features:  River  Outlets  Inlets  Channels  Stream  Cove  Bay  Waterfalls  Other \_\_\_\_\_

What is the lake bed composition:  Muddy  Rocky  Sandy  Clay  Loam  Other \_\_\_\_\_

What is the water movement at intake:  towards intake  through intake  away from intake

How far offshore is intake: \_\_\_\_\_

Description of submerged intake marking (if applicable): \_\_\_\_\_

Is intake  protected  7m off lake floor and  2m below water surface

Raw Water Piping:  NSF 61  Other: \_\_\_\_\_

Saskatchewan Water Security Agency Licence to Divert # (if applicable): \_\_\_\_\_ Date issued: \_\_\_\_\_

**Section IV— Water Quality for Raw Untreated Water Source - Check Box if completed & submitted with application**

Water Quality Parameter/Test	Ground Water Source	Surface Water Source
<b>PART A— Raw Water Tests</b>		
General Chemical and Turbidity	<input type="checkbox"/>	<input type="checkbox"/>
Bacteriological Test – Total Coliform & E.coli	<input type="checkbox"/>	<input type="checkbox"/>
Health and Toxicity	<input type="checkbox"/>	<input type="checkbox"/>
Well Monitoring Test, Turbidity	<input type="checkbox"/>	
<b>PART B— Other Water Quality Concerns</b>		
Color	<input type="checkbox"/>	<input type="checkbox"/>
UV Transmittance	<input type="checkbox"/>	
<b>Odour</b> – <input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> strong <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Taste</b> – <input type="checkbox"/> none <input type="checkbox"/> sweet <input type="checkbox"/> salty <input type="checkbox"/> bitter <input type="checkbox"/> metallic <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>

**Signature**

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

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<b>Printed Name of Person Signing</b>	<b>Title</b>
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<b>Address</b>	<b>Postal Code</b>
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<b>Telephone Number</b>	<b>Fax Number</b>
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<b>Date of Application</b>	<b>Signature</b>
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**\*\*\*Please do not INSTALL, CHANGE OR ALTER any part of a Public Water System until the source assessment and treatment train has been submitted for review AND has received approval from the local health authority as per Section 5(1) of *The Health Hazard Regulations*, :**

**“No person shall establish, extend, renovate, or alter a public water supply unless the owner or operator has obtained written approval to do so from the local authority”\*\*\***

*A Public Health Inspector will respond to the applicant within 30 business days upon receiving this application.*

The completed application and any questions about this application form or part of approval process, can be submitted to your local health inspector by:

Phone: **306-425-8512**

In Person: **1016 La Ronge Avenue, La Ronge, SK S0J 1L0**

Email: [healthinspectors@pophealthnorthsask.ca](mailto:healthinspectors@pophealthnorthsask.ca)

Mail: **PO Box 1920 La Ronge, SK, S0J 1L0**