



Public Water System Application Form

Facility & Contact Information:			
Premise Name:		Date:	
Physical Address:			
Describe Type of Facility (e.g. outfitter, seasonal, etc...):			
Mailing Address:	<input type="checkbox"/> as above		
Legal Name (Business Licence # or Name):			
Owner/Operator:		City/Town/Village:	
Telephone(s):		E-Mail:	

Application Exemptions:	
Does the current or future flow exceed $\geq 18\text{m}^3/24$ hr period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does the system have 15 or more connections (serve 15 or more buildings/facilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If answered yes to any of the above Saskatchewan Ministry of Environment should be contacted to determine the regulating agency of your water system. Phone : 306-236-7673	

Existing or Proposed Raw Water Source:	
<input type="checkbox"/> Groundwater Source <input type="checkbox"/> Surface Water Source <input type="checkbox"/> Hauled Water Source <input type="checkbox"/> Sand Point Water Source	
Is this a new water system or existing water system?	<input type="checkbox"/> New <input type="checkbox"/> Existing
Is the water system currently on an <i>Emergency Boil Water Order</i> or <i>Precautionary Drinking Water Advisory</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
For Seasonal Operations: Indicate months you are in operation.	
What is your power source? (check all that apply)	<input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> Municipal
What is the length of the existing/proposed distribution system?	
Will an operator be onsite to maintain the system?	

Existing or Proposed Treatment (check all that apply):		
<input type="checkbox"/> Filtration List filter sizes: _____ _____ List filter types: _____ _____ <input type="checkbox"/> NSF 53 1 micron absolute filter? _____ <input type="checkbox"/> Chlorination (manual _____ or automatic injector _____) <input type="checkbox"/> Flow Meter <input type="checkbox"/> Pressure Valves <input type="checkbox"/> UV Disinfection? if so NSF 55 Class A or B & Model #: _____ Wavelength _____ Minimum Dose _____	<input type="checkbox"/> Pressure Tank(s) Model: _____ Size(s): _____ <input type="checkbox"/> Storage Tank(s) # of tanks: _____ Size(s): _____ <input type="checkbox"/> Contact Chamber(s)/Baffling Tank(s) Model: _____ Size(s): _____	<input type="checkbox"/> Water Softener <input type="checkbox"/> Anion Exchange <input type="checkbox"/> Ozonation <input type="checkbox"/> Flocculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Oxidation <input type="checkbox"/> Distillation <input type="checkbox"/> Aeration <input type="checkbox"/> Coagulant <input type="checkbox"/> Reverse Osmosis

Plans & Drawings:	Enclosed	Previously Submitted	Forth-Coming	N/A
Either				
1) Three Basic Plans (i, ii, iii below) - Can combine i & ii maps				
i. Location Map (regional setting, communities, lakes, rivers, roads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Site Plan (all that apply: intake, treatment, storage tanks, water mains, valves, hydrants, clean-outs, sampling locations – include all contaminant/potential contaminant sources like sanitary sewers, lagoons (or other onsite wastewater disposal system), septic/holding tanks, buildings, etc... on this plan).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Schematic Diagram(s) – water treatment train (flow sequence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Schematic Diagram – distribution system				
Or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Engineered Plans (plan & profile, piping & instrumentation, etc...)				

Supporting Documents Checklist:	Enclosed	Previously Submitted	Forth-Coming	N/A
1) Manufacturer's Technical Specifications (for all equipment: specify model & NSF #).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Bacteriological Lab Reports for water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) General Chemical / Water Quality Analysis of the Raw Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Health & Toxicity Analysis of Raw Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Turbidity of Raw Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) pH of the Raw Water (determined by the Lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Range Raw Water Temperature (min, mean and max)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) For UV Light Systems – additional information				
a. Bacteriological Lab Reports Prior to UV Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Specific Water Quality Data Prior to UV Light (check with local PHI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Manufacturers Flow Rate and Water Quality Criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) For Surface Water supplies with chlorine primary disinfection: Calculation of chlorine Contact Time for 3-log reduction of Giardia and 4-log reduction of viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Licenced Number of Beds or Licenced Number of Clients (as per Outfitting Licence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Actual number of beds onsite (or proposed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Number of guest per group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Number of groups per year (season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Describe the distribution <ul style="list-style-type: none"> • How many buildings (connections) does / will the system have (distribution)? • What is the plumbing in each building? (i.e., bathroom/kitchen etc) • Central Shower house (if so, number of showers and hand basins, toilets) • Total Number of Taps (including types i.e., kitchen, shower, hand basin etc) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE:	DATE:			