FORM A
Water Supply, Garbage and Sewage Disposal

Name of Premises: ____________________________________________________________

Owner/Operator: __________________________________ Date Completed: __________

WATER SUPPLY

What is your source of water?  

^ Well  
^ Surface (i.e. creek, river or lake)  
^ Delivered (trucked)  
^ Municipal (piped)

Do you have more than one water source, for example, more than one well or a combination of different types of systems?  ^ No  ^ Yes  If yes, please describe.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Have you had your drinking water bacteriologically and chemically analyzed?  

^ No  ^ Yes  If yes, attach most recent results.

If you have a well:

What type is it?  ^ Drilled  ^ Driven  ^ Dug  Depth: __________________

Who installed it? __________________________________ Year Installed: __________

If you use a surface water source, where is it and how do you get the water from there to your premises?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

If your water is delivered (trucked), who delivers it and from where?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Do you treat your water by filtering, and/or chlorination, and/or UV disinfection, and/or other?  ^ No  ^ Yes  If yes, please describe.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Are there any old water supply systems on the property which are no longer in use, for example, old wells?  ^ No  ^ Yes  If yes, please describe.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
GARBAGE DISPOSAL
Describe how you will dispose of all garbage from the premises. For premises that
dispose of garbage on-site, please describe method, location, proximity to wells, water
sources, etc..

SEWAGE DISPOSAL
Do you use any of the following?

- Pit Privies
- Holding Tank (pump out)
- Septic tank and subsurface (inground) system
- Municipal Sewer (piped)
- Other (describe)

If you use a septic tank and subsurface system, please describe or attach formal
documentation. Information to include details such as septic tank capacity, type of system (i.e.
leaching pit, wide or deep trench, absorption bed), size of soil absorption area, soil conditions, and
detailed sketch outlining all components of system (i.e. pipes, drainrock).

Diagram

Do you use more than one sewage disposal system?  ^ No  ^ Yes
If yes, please describe.

Are there any abandoned subsurface sewage disposal systems on the property, such as
septic tanks, leaching pits, cesspools, sewage holding tanks or other.  ^ No  ^ Yes
If yes, please describe. Include details of construction, location on the property, layout, year
installed, and any other relevant information.

Are there any sewage disposal systems on or adjacent to the property which are located
within 30m (100 ft.) of any water sources, or existing or abandoned wells.
Please attach a simple sketch of the property showing roads, boundaries, buildings, and where applicable well(s), septic tank(s), leaching pit(s), subsurface system(s), sewage holding tank(s), water bodies (lake, streams, rivers, creeks). Please approximate North.

^ I am familiar with the regulations and good public health practices regarding water supply, garbage and sewage disposal, and declare that to the best of my knowledge the information submitted is accurate.

OR

^ I am familiar with the regulations and good public health practices regarding water supply, garbage and sewage disposal, and declare that to the best of my knowledge the previously submitted Form A continues to be accurate and current.

SIGNATURE OF OWNER (OPERATOR) | PRINT NAME | DATE

(APRIL 1998)