

## Water Systems Report Form | 2023

BY FEBRUARY 29, 2024, COMPLETED FORM MUST BE SUBMITTED TO: By Mail: Water Resources Management Division (WRMD) Department of Environment and Climate Change 4<sup>th</sup> Floor, Confederation Building- West, PO Box 8700, St. John's, NL, A1B 4J6 709-729-0320 By Fax: By email: WaterAndSewer@gov.nl.ca \*A digital copy of this form can be found at: <a href="https://www.gov.nl.ca/ecc/waterres/waste/">https://www.gov.nl.ca/ecc/waterres/waste/</a> Population: Community Name: **Drinking Water Systems** 1. Do you have back-up power for your water system? □Yes  $\square$  No 2. If you answered yes to Question #1, what type of back-up power supply is used? ☐ Diesel Generator ☐ Propane Generator ☐ Solar Power  $\square$ Other; please specify 3. Is there any creosote treated wood used in your water system or located within your Protected Public Water Supply Area?  $\square$ Yes □No 4. Does your community operate a pH adjustment system? □Yes □No 5. If you answered yes to Question #4, how often do you calibrate your pH meter?  $\square$ Annually □Weekly ☐ Monthly ☐ Calibrated when installed ☐ Never calibrated 6. Does your community have a portable pH meter such as a pH pen? ☐ Yes □No 7. If you answered yes to Question #6, how often do you test pH levels in the distribution system (i.e. tap water)? ☐ Weekly ☐ Monthly ☐ Annually ☐ Daily ☐ Never 8. Does your water system include a water storage tank? ☐ Yes  $\square$ No 9. If you answered yes to Question #8, have you conducted an internal inspection of the storage tank within the past 5 years? Please identify the company that completed the inspection. ☐ Yes  $\square$ No Company Name (please specify):



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10. What was the metered water usage for each d	rinking water system in	your community duri	ng the past year?
Name of Drinking Water Source	Average Daily	Annual Maximum	Units (Example-
	Water Use	Day Demand*	m³/d, USGPM)
* The maximum amount of water supplied to the water	distribution system on any	given day within a caler	ndar year.
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<b>Groundwater Systems</b> (please complete Question	#11 if your source of w	ater is groundwater (	i.e. well)
11. Did your community experience any water qua	=		· ·
☐ Yes ☐ No	, ,	3, 3	
0			
Semi-Public Drinking Water Systems			
	ur community that are u	act award and anarat	ed by the Town or
12. Are there any semi-public water systems in you			
LSD? For example, small systems such as school	ns, restaurants, daycare	es, campgrounds, or re	ligious institutions
with their own water supply.			
□Yes □No □Unsu	re		
Wastawatan Custama			
Wastewater Systems			
14. Do you use any chemicals in your wastewater of	collection or wastewate	er treatment system? I	f yes, list the
chemicals:			
☐ Yes ☐ No			
Chemical(s) used (please specify):			
15. Were there any wastewater overflows from yo	ur wastewater system?	If yes, please indicate	e the type of
event.			
☐ Lift Station Malfunction ☐ Forcemain B	reak 🔲 Blocked S	sewer main	
☐ Bypass of Treatment Plant			
E bypass of freatment frame			
16. If you operate a wastewater treatment plant, o	do vou roport vour wast	owator quality data to	a the Water
Resources Management Division (provincial De	partment of Environme	ent and Climate Chang	e) as per your
Permit to Operate?			
☐ Yes ☐ No			
Submitted By:	Positio	n:	
Date:	Phone:		