Government of Newfoundland and Labrador
Transportation and Infrastructure
Municipal Infrastructure

Drinking Water System Information Form

Contact Information			
Community		**Population**	
Submitted by		**Position**	
Email		**Phone #**	
Date		**Application Number**	

General Information		
Water Supply Name		
Number of People Served by This Water System		
Number of Households Served		
What is the annual household water fee?		$/household
Does the existing water system meet regulatory standards?	☐ Yes ☐ No ☐ Unknown	
Are there boil water advisories, water quality concerns, or service interruptions?	☐ Yes ☐ No ☐ Unknown	
Population in 10 years (forecast)		
Anticipated new housing units		
Planned commercial or industrial growth		
What evidence supports the need for the project?		

Community Commitment to the Project	
Community has the capacity to operate/maintain the upgraded system?	☐ Yes ☐ No
Is there a plan to fund future maintenance and asset replacement?	☐ Yes ☐ No
Will user rates need to increase?	☐ Yes ☐ No

Project Readiness	
Preliminary engineering completed?	☐ Yes ☐ No ☐ Unknown
Environmental assessment completed?	☐ Yes ☐ No ☐ Unknown
Concept design completed?	☐ Yes ☐ No ☐ Unknown
Land ownership resolved?	☐ Yes ☐ No ☐ Unknown

Proposed Upgrades	
Will the upgrades include backup power generators?	☐ Yes ☐ No
What are the goals of upgrades? (Check all that apply)	
Provide disinfection	☐ Yes ☐ No
Corrosion Control/pH Adjustment/Lead & Copper Exceedances	☐ Yes ☐ No
Improve water colour	☐ Yes ☐ No

Proposed Upgrades	
Address disinfection by-product (DBP) issues	☐ Yes ☐ No
Reduce hardness (calcium, magnesium)	☐ Yes ☐ No
Remove metals and minerals (Arsenic, Manganese, Iron)	☐ Yes ☐ No
Address pressure issues	☐ Yes ☐ No
Decrease frequency of breaks	☐ Yes ☐ No
Add users to the system	☐ Yes ☐ No
Other (please specify):	

Water Usage (Past Year)
Enter the following information and include units (e.g., m³/day, usgpm):

			Value	**Unit**
Average Daily Water Use (total yearly use divided by 365)				
Maximum Daily Use (Max supplied in a single day during the year)				
Overnight Flow measured between 12:00 am and 5:00 am				
Per Person Water Use (Average used per person per day)				L/person/day
Has the water system experienced shortages?			☐ Yes ☐ No	
Does this system supply water to any of the following critical users?				
Industrial User (fish plant, etc.)	☐ Yes ☐ No	Daily volume		L/day
Hospital / Long-term care facility	☐ Yes ☐ No	Daily volume		L/day
School / secondary education	☐ Yes ☐ No	Daily volume		L/day
Fire Hall	☐ Yes ☐ No	Daily volume		L/day
Jail or Police Station	☐ Yes ☐ No	Daily volume		L/day
Other (please specify):				

System Condition		
What is the age of the existing infrastructure?		years
What is the condition of the existing infrastructure?	☐ Poor ☐ Fair ☐ Good ☐ Like New	
Existing pipe material?		
Frequency of breaks in the area of the project?		breaks / year
Have assessments or condition reports been completed?	☐ Yes ☐ No ☐ Unknown If yes, please provide copy	

System Maintenance	
Is maintenance conducted on a regular basis?	☐ Yes ☐ No ☐ Unknown
Does the community conduct leak detection?	☐ Yes ☐ No ☐ Unknown

System Maintenance	
Are there significant leaks in the system?	☐ Yes ☐ No ☐ Unknown
Are there recurring maintenance issues?	☐ Yes ☐ No ☐ Unknown
Provide description of maintenance issues:	

System Operations				
Are hydrants left open to maintain chlorine levels?	☐ Yes ☐ No ☐ Unknown			
Do residents keep water taps running during winter?	☐ Yes ☐ No ☐ Unknown			
Does the community have a regular flushing program?	☐ Yes ☐ No ☐ Unknown			
Are there recurring operational issues? (identify all in the list below)				
High water usage	☐ Yes ☐ No	Daily volume		L/day
Inadequate Yield/Low Water Levels	☐ Yes ☐ No	Frequency		# / year
Line Breaks	☐ Yes ☐ No	Frequency		# / year
Drought/Climate Change	☐ Yes ☐ No	Frequency		# / year
Frazil Ice	☐ Yes ☐ No	Frequency		# / year
Infrastructure Issues	☐ Yes ☐ No	Frequency		# / year
Loss of Pressure	☐ Yes ☐ No	Frequency		# / year
Other (please specify):				

Does the community have a certified operator(s)?	☐ Yes (if yes, please list) ☐ No
Name	**Certification Level**

Water Quality	
Does the water currently meet water quality standards	☐ Yes ☐ No
Are there issues getting chlorine residuals at the end of the line?	☐ Yes ☐ No
If yes, which season has the poorest water quality?	☐ Spring ☐ Summer ☐ Fall ☐ Winter
Are any of the following issues apparent in the water quality	

Water Quality	
Aesthetic and Operational Parameters - Iron, Manganese, Sulfate, Chloride, Sodium, Total dissolved solids (TDS)	☐ Yes ☐ No
Disinfection and Treatment Indicators - Free chlorine residual, Total chlorine, Chloramines, Disinfection by-products (THMs and HAAs)	☐ Yes ☐ No
Organic Contaminants Pesticides and herbicides - Petroleum hydrocarbons, Solvents, Polychlorinated biphenyls (PCBs), Per- and polyfluoroalkyl substances (PFAS)	☐ Yes ☐ No
Metals and Trace Elements – Lead, Copper, Arsenic, Mercury, Cadmium, Chromium, Manganese, Iron	☐ Yes ☐ No
Chemical Parameters - pH, Alkalinity and Hardness, Dissolved Oxygen	☐ Yes ☐ No
Physical Water Quality - Turbidity, Colour, Odor, Total Suspended Solids	☐ Yes ☐ No
Microbiological Contamination	☐ Yes ☐ No

Need Help? Please contact:

Eastern Regional Office
Inayat Rehman, P. Eng.
Phone: (709) 729-5337
Email: InayatRehman@gov.nl.ca

Central Regional Office
Labrador Regional Office
Natasha Smith, P. Eng.
Phone: (709) 729-5334
Email: NatashaSmith@gov.nl.ca

Western Regional Office
Wendy Henstridge, P. Eng.
Phone: (709) 637-2491
Email: WendyHenstridge@gov.nl.ca