

REGISTRATION FORM For Public Drinking Water Supplies

In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Environment and Labour will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.

OWNER:

PLEASE PRINT

Business Name:		
Owner First Name:	Middle Initial:	Last Name:
Home Phone: ()	Business Phone: ()	Other Phone ()
Fax Number: ()	E-mail:	
Civic Address:	Community:	
Mailing Address:	Town:	
County:	Province:	Postal Code:

CONTACT:

First Name:	Middle Initial:	Last Name:
Home Phone: ()	Business Phone: ()	Other Phone ()
Fax Number: ()	E-mail:	
Civic Address:	Community:	
Mailing Address:	Town:	
County:	Province:	Postal Code:

SITE INFORMATION:

Name of Facility:	Phone No.		
Type of Facility:			
Population Served:	Number of Connections:		
Demand:	Litres/Day		
Civic No.	Street Name:		
Community:	County:		
PID No.	Map No. 1:50000	Easting	Northing:

WATER SOURCE: For wells please attach copy of well log

Source of Water:	Well Log No.
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TREATMENT EQUIPMENT:

Type:	Capacity/Size:	Age:
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FOR OFFICE USE ONLY: (CLASSIFICATION)

Classification of Facility	Operator Certification:
No. of days of operation:	Type of Facility Served:

Owner's Signature _____ Date: _____