

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. |
|------------------|--------------|

TREATMENT EQUIPMENT:

| | | |
|-------|----------------|------|
| Type: | Capacity/Size: | Age: |
|-------|----------------|------|

FOR OFFICE USE ONLY: (CLASSIFICATION)

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

Owner's Signature _____ Date: _____