

The Drinking Water Safety Act

Operating Licence For a Public or Semi-Public Water System

Operating Licence Application Water System Information Form

*Fill out only those portions of the information form relevant to your water system.
Provide units of measurement for responses (ex: litres per second (L/s), imperial gallons (ig), feet (ft)).*

General Information:

Please list any other water systems/communities that you provide water to:	
Does your water system include a truck fill?: <input type="checkbox"/> Y <input type="checkbox"/> N Type of backflow prevention device/valve:	Does your water system include a pail fill?: <input type="checkbox"/> Y <input type="checkbox"/> N Type of backflow prevention device/valve:
Average number of days per year your water system operates:	
Average number of hours per day your treatment system operates:	
Raw water pumping capacity/rate of your water system (L/s, usgpm, lgpm):	
Treated water pumping capacity/rate of your water system (L/s, usgpm, lgpm):	
Description of backup power provisions:	
Description of alarm systems (e.g., alarm conditions; local, telemetered and/or remotely monitored):	

Water Supply Requirements:

	Population Served	Average Day Demand Unit: L/d, usgal/d, lg/d	Maximum Day Demand Unit: L/d, usgal/d, lg/d	Peak Hour Unit: L/s, usgpm, lgpm
Current				
Design				

Water Supply from Another Water System:

Name and Location of Water System Supplying Water to Your System:
Contact Name and Number for the Water Supplier:

Groundwater Supply:

Location of well(s): S/T/R or N/E coordinates: 1. 2. 3. 4.	Water Rights Licence Numbers and Approved Withdrawal Limit: 1. 2. 3. 4.				
Well #	Year Constructed	Diameter Unit: cm, inch	Intake Depth Unit: m, ft	Pump capacity Unit: L/s, usgpm, lgpm	Casing Depth Unit: m, ft
Method of Pump Control (ex: pressure, reservoir/tank level):					

Surface Water Supply:

Name of water source:	
Location of intake (coordinates or attach map):	
Intake depth below normal water level:	Intake distance from shoreline:
Water Rights Licence Number and approved withdrawal limit, if applicable	
Raw water pumps 1. 2. 3.	Capacity (L/s, usgpm or lgpm):
Method of pump control (ex: pressure, reservoir/tank level):	

Raw Water Storage:

Description of storage facility:	
Approximate storage capacity/volume:	
Aeration: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what method is used?: How often is treatment applied?:
Algae control: <input type="checkbox"/> Y <input type="checkbox"/> N	

Treatment System:

Brief description of treatment process (types, numbers and sizes of units):
Capacity of treatment system (L/s, usgpm or lgpm):
Description of equipment redundancy (i.e., backup or standby equipment provisions):
Locations of flow meters:
Instruments (test kits) and lab equipment for on-site water quality analysis:
Type and location of any continuous (on-line) analyzers (ex: chlorine analyzer, turbidimeter):
Method of managing wastewater/residuals (ex: holding tank, discharge to sewer, discharge to environment): Domestic wastewater: Process wastewater: Process sludge: Environment Act Licence Number, if applicable:

Chemical Name	Seasonal Use Only	Purpose	Dosage Control: Manual (M), Automatic (A) Flow-Paced (FP)

Treated Water Storage:

Total effective storage capacity (L):
Description of storage system (e.g., reinforced concrete 2-cell, 6-250L PE tanks):
Estimated retention time at peak hourly flow and minimum reservoir level (min or hours):
Are there baffle walls in the reservoir? <input type="checkbox"/> Y <input type="checkbox"/> N
Description of water level control system (ex: floats, ultrasonic):

Distribution System:

Existing number of service connections:		
Class of fire protection provided: <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Unknown		
Any special water users: <input type="checkbox"/> Seniors/Care Homes <input type="checkbox"/> Schools <input type="checkbox"/> Hospitals <input type="checkbox"/> Restaurants <input type="checkbox"/> Daycares <input type="checkbox"/> Community Centres <input type="checkbox"/> Children’s Camp <input type="checkbox"/> Residential Care Facility		
Percentage of service connections that are metered (%):		
Backflow prevention devices on service connections: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, indicate type(s) of device(s):		
Are pressure tanks used as part of the pumping system?: <input type="checkbox"/> Y <input type="checkbox"/> N If so, describe number and type:		
Distribution pumps	Capacity (L/s or gpm):	
1.		
2.		
3.		
Fire Pump.		
Regional Pumping Stations	Capacity (L/s or gpm)	Rechlorination <input type="checkbox"/> Y or <input type="checkbox"/> N
1.	1.	1.
2.	2.	2.
3.	3.	3.
Approximate length (km or m) of distribution system:		
Watermain materials and approximate % of total piping they make up (ex: HDPE 25%):		
Type and number of line flushing devices (ex: fire hydrants, flushing hydrants, flush-outs):		
Type of Sewer System: <input type="checkbox"/> Gravity <input type="checkbox"/> Low Pressure <input type="checkbox"/> Septic Fields <input type="checkbox"/> Holding Tanks		

System Documentation Available:

Operation and Maintenance Manual or Standard Operating Procedures:	<input type="checkbox"/> Y <input type="checkbox"/> N
Emergency Response Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N
Cross Connection Control Program or Bylaw:	<input type="checkbox"/> Y <input type="checkbox"/> N
Annual Report to Customers :	<input type="checkbox"/> Y <input type="checkbox"/> N
Source Water Protection Plan or Wellhead Protection Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N

Certification

I certify that the information contained in this form is complete and accurate.	
_____	_____
Signature of Owner/Owner’s Representative	Date

Personal information is collected under the authority of *The Drinking Water Safety Act* and its pursuant regulations, and is used to issue permits and licences, and for enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions, contact the Access & Privacy Coordinator, 200 Saulteaux Cr., Winnipeg, MB R3J 3W3, 204-945-4170.