

REQUEST FOR A SECTION 29 INVESTIGATION UNDER THE DRINKING WATER PROTECTION ACT

Name:

Date:

Mailing address:

Phone Numbers:

Address of well property:

1. Is your water supply or residence located on federal or First Nation Lands Yes No
Unsure

2. Source of Water

Private Well

Private Surface Water (Provide Name of Stream or Lake) _____

Permitted Community Water System (Provide Name) _____ (if municipal option applicable please proceed to question 24)

3. Describe the location of your drinking water supply (i.e. well) on your property. (ex. 20 m from north boundary and 60 m from east boundary of property)

Well Information (If Applicable)

4. Is your well: Drilled Excavated (dug) Driven (sand point) Unsure

5. What year was your well drilled? _____ Unsure

6. Name of well driller _____ Unsure

7. Do you have a copy of the well Drillers log (Please attach copy if available)

Yes No Unsure

8. How deep is the well? _____(meters) Unsure

9. How deep is the water table below the ground? _____(meters) Unsure

10. Does the well draw water from: Sand and/or gravel aquifer Fractured bedrock Unsure

11. During well construction were there any layers of clay, silt, till or hardpan encountered above the well screen or well intake? Yes No Unsure

12. Does the well have a secure well cap? Yes No Unsure

13. Does the well have a surface seal? Yes No Unsure

14. Is the well located in an area where there is known flooding or where water can pond?

Yes No Unsure

15. Are there any structures, buildings, material storage, or animals near your well-head? (Please describe)

16. Is your well-head protected by a covered structure?

17. Has your well been disinfected in the past? (please describe)

18. Any other relevant information about your well? (Please describe)

19. Have there been any ground water assessments of your well water supply conducted by a professional hydrogeologist? (Please provide a copy of the report)

20. Is water stored at your home stored prior to use in a:

Pressure tank

Holding tank

Other _____

No water storage

21. What type of material is used for the water distribution pipes?

In your home _____

From your well to your home _____

From street to your home _____

22. Do you currently treat your drinking water supply? No Yes,

If yes, please specify method used: Chlorine UV Osmosis Boiling

Filtration (specify type) _____ Other _____

23. Are any of the following located close to your water well or surface water intake? If so, please describe and include approximate distance:

a. Chemical storage (household or agricultural, including pesticides) Distance: _____ meters

b. Fuel storage (above ground or underground) Distance: _____ meters

c. Manure storage or application Distance: _____ meters

d. Livestock Distance: _____ meters

e. Wildlife Distance: _____ meters

f. Other wells including abandoned well(s) Distance: _____ meters

g. Septic systems, (including your own or those on nearby properties) Distance: _____ meters

h. Major roads, highways, railways, pipelines, drainage ditches Distance: _____ meters

i. Lake, stream, river, pond or ocean Distance: _____ meters

j. Landfill, refuse storage, contaminated sites Distance: _____ meters

k. Other (Specify)

24. Have you noticed any taste, odour and/or appearance changes (colour, cloudiness) to your drinking water? If so, when did you first notice the change? (Please provide details)

25. Has anyone become ill as a result of drinking the tap water from your home? (Please provide supporting documentation if possible, including water test reports, medical testing results and/ or doctor's report).

26. Have there been any water quality tests performed on your drinking water supply (Chemical, Bacteriological, other)? (Please attach copies of lab reports)

27. Are you aware if your municipal water supplier has issued a boil water notice or drinking water advisory? If so, what was the nature of the advisory?

28. Have you contacted your municipal water supplier about your concerns? If so, what was their response?

29. If applicable, please provide municipal contact person you have interacted with on this issue

30. Other evidence which supports your concern about the safety of your drinking water? (Please provide specific details and attach any relevant supporting documents.)

31. What initiated your complaint?

32. How do you expect your complaint to be resolved?

Name of person requesting an Investigation
(Please Print)

Signature

Date