GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
DEPARTMENT OF MUNICIPAL AFFAIRS AND ENVIRONMENT

APPLICATION FOR THE PROTECTION OF A PUBLIC WATER SUPPLY

TO: Minister
   Department of Municipal Affairs and Environment

Under Section 39(1) of the Water Resources Act, SNL 2002 cW-4.01, it is requested that the water supply area known as __________________________________________________________________________
be designated as a Protected Public Water Supply Area for the community ____________________________

It is understood that the information provided herein is required for the assessment of the need for protection of the above noted water supply area. Additional information will be provided as required by the Minister and/or his/her officials.

A. LOCATION

Provide the following information on a 1:50,000 scale topographic map:

1. map number and scale,
2. location of intake,
3. watershed boundary,
4. any access roads,
5. municipal and planning boundaries, and
6. any other relevant information

B. DRAINAGE BASIN

1. Name of the source of water supply:
2. List major streams and ponds which drain into the source:
3. Total area of the watershed: _______________ km²
4. Land cover: Forest ___________%
               Barren ___________%
               Wetland ___________%
               Developed ___________%
C. WATER SUPPLY

1. Is a public water supply system currently in place?  Yes  O  No  O

2. Is the public water supply system currently in use?  Yes  O  No  O

3. What date was the public water supply system installed?  _________________________

4. Who was the Consultant for the public water supply system?  _______________________

5. Is the Consultant's report available?  Yes  O  No  O

6. What is the total population served by the water supply?  _________________________

7. Community  ____________________________  Population Served
   Community  ____________________________  Population Served

8. Will there be any industrial users of the water supply?  Yes  O  No  O

9. Who are the industrial users?  ________________________________________________

10. What is the total water demand for municipal and industrial uses?

    Municipal  ____________________________  L/day
    Industrial  ____________________________  L/day

D. WATER QUALITY

1. Has periodic bacteriological analysis been done by the Department of Government Services and Lands or any other agency?  Yes  O  No  O

2. Has routine physical and chemical analyses or other water quality tests been done?  Yes  O  No  O

3. Provide copies of any laboratory reports/results that may be available.
E. LAND AND WATER USE

1. Provide available data and information on the existing and potential resource development activities. Locate on the map.

   a) Recreational activities/facilities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming/boating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fishing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b) Urban/suburban development:

<table>
<thead>
<tr>
<th>Development Type</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industrial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c) Agricultural operations:

<table>
<thead>
<tr>
<th>Operation Type</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d) Mining activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pits and quarries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mineral exploration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mining</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   e) Forestry operations:

<table>
<thead>
<tr>
<th>Operation Type</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   f) Transportation facilities and other linear developments:

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Yes</th>
<th>No</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air (airport, float plane, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gravel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Lines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above ground</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below ground</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   g) Any other land and water use activities having impact on water quality.

   ___________________________________________
h) Other physical feature and man-made alterations.

2. Provide a detailed account of any land and water related activities which are creating and/or have potential to cause impairment of the quality of the water for domestic or other uses.

F. OTHER INFORMATION

Provide any other data, test results or information that may support your request for the designation of this water supply as a Protected Public Water Supply Area. This information may be in the form of:

1. engineering studies,
2. previous watershed designation studies,
3. municipal plans,
4. existing water related problems such as flooding, erosion, siltation, water pollution, etc.,
5. municipal by-laws, and
6. any other relevant information.

G. APPLICATION INFORMATION

Please mail completed form along with all maps, plans and specifications to the appropriate regional office:

1. Applicant’s name (please print):
2. On behalf of community:
3. Telephone number(s): (work) (home)
4. Fax number:
5. Complete Mailing Address:
6. Email address:
7. Date:
8. Signature:
Please mail completed form along with all maps, plans and specifications to the appropriate regional office:

**Eastern Region**
- Department of Municipal Affairs and Environment
- Water Resources Management Division
- Confederation Building, West Block
- Surface Water Section
- PO Box 8700
- St. John’s NL A1B 4J6
- Tel: (709) 729-4817
- Tel: (709) 729-7634
- Fax: (709) 729-0320

**Wellhead Protected Water Supply Areas**
- Department of Municipal Affairs and Environment
- Water Resources Management Division
- Confederation Building, West Block
- Groundwater Resources Section
- PO Box 8700
- St. John’s NL A1B 4J6
- Tel: (709) 729-3398
- Tel: (709) 729-2539
- Fax: (709) 729-0320

**Central Region**
- Department of Municipal Affairs and Environment
- Water Resources Management Division
- 3 Cromer Avenue
- Grand Falls Windsor NL A2A 1W9
- Tel: (709) 292-4280
- Fax: (709) 292-4365

**Western Region**
- Department of Municipal Affairs and Environment
- Water Resources Management Division
- Sir Richard Squires Building
- PO Box 2006
- Corner Brook NL A2H 6J8
- Tel: (709) 637-2542
- Fax: (709) 637-2541
Application Fee Schedule

In accordance with Section 21 of the Executive Council Act, the following application fee(s) must be paid to obtain a Designation Notice under Section 39 of the Water Resources Act, SNL 2002 cW-4.01.

Designation Notice for the protection of a public water supply area..............$400 + HST
Request for Amendment .......................................................... $100 + HST

The above fees must accompany each separate application for designation or request for amendment and the fee is non-refundable. Please enclose your cheque or money order made out to the Newfoundland Exchequer Account or attach a cashier’s receipt for the correct amount. The application cannot be reviewed until payment in full has been received.

This section must be completed so that a receipt can be issued.

Applicant’s Name (Please Print)  _______________________________________________
Applicant’s Address   _______________________________________________
Estimated Project Cost   _______________________________________________
Type of Project:  ___________________    Fee:  $_______+ HST:  $_________   Total Enclosed $_______

For Department’s Use Only   Account # 01-1761-500-57M0-2800: MPA-Water Rights (H)
Payment Enclosed:  _________   Verified by:  _________   Date:  ___________   Receipt #  ___________

HST Registration No: 107442683