



## NON-POTABLE WATER SYSTEM QUESTIONNAIRE FORM

**(Please complete this form and send to the address above)**

**Attention Legal Owner: Please complete the following table, if you have any questions please call the above number and speak with a La Ronge Office Public Health Inspector.**

Legal Owner of Water Treatment Supply	
Legal Operator of Water Treatment System	
Premise Name and Number	
Location - GPS Coordinates	
Water Source (Lake Name)	
Ministry of Environment Outfitting Licence attached?	
Is the Operator/Designate onsite while guests are at the facility?	
Does guest bring their own food & cook for themselves?	
Gravity fed water system (yes/no) (water pumped up to holding tank)?	
Power supply type (i.e., generator, grid, solar) & is it continuous or intermittent?	
Guest change over days (ex., Sunday, Friday...)?	
Number taps to be posted	
What is water currently used for (shower, kitchen, hand basins, laundry etc...)?	
Operation Dates Open to Public?	
Number of Buildings connected to (or will be connected) to water supply?	
Alternative potable water supply?	
<b>Are you requesting to declare the public water supply as non-potable?</b>	

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Name (Print)

Signature

Date