



Requests for Investigation of a Drinking Water Threat Under the *Drinking Water Protection Act*

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Ministry of Health

1. Purpose

Under section 29 of the [Drinking Water Protection Act](#), if a person considers that there is a threat to their drinking water, the person may request the drinking water officer (DWO) to investigate the matter. This document contains a sample template questionnaire form for such investigations.

2. Application

Information for those requesting an investigation under Section 29

Requests for investigation can be made by any person that believes that there is a threat to their own drinking water supply. Section 29 requires requests to be in writing.

A request for investigation should include the information contained in the form below. The questionnaire will assist in documenting the specific facts related to the drinking water threat and provide health authority staff with relevant information that can be reviewed in an expeditious manner to determine if an investigation is warranted.

This form should provide the local DWO with enough information as to determine whether an investigation should be initiated under Section 29, however the DWO may ask for further information depending on the specifics of the case. Consequently, it is recommended that persons making these requests contact the DWO beforehand.

If the DWO decides not to conduct an investigation, they should provide a written explanation as to why the decision was made.

If an investigation is conducted, the DWO must advise of the results of the investigation. When doing so, the DWO should specify their findings regarding whether any threat was found, and what, if any, follow-up action will be taken. DWOs should also provide this information in writing.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
2. Source of Water Private Well Private Surface Water (Provide Name of Stream or Lake) _____ <input type="checkbox"/> 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)	
<u>Well Information (If Applicable)</u>	
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? _____(metres) Unsure	
9. How deep is the water table below the ground? _____(metres) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
14. Is the well located in an area where there is known flooding or where water can pond? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes No Unsure	

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 groundwater 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: _____metres

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

c. Manure storage or application Distance: _____metres

d. Livestock Distance: _____metres

e. Wildlife Distance: _____metres

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

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

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

i. Lake, stream, river, pond or ocean Distance: _____metres

j. Landfill, refuse storage, contaminated sites Distance: _____metres

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