

BY FEBRUARY 27, 2026, COMPLETED FORM MUST BE SUBMITTED TO:

By Mail: Water Resources Management Division (WRMD)
Department of Environment, Conservation and Climate Change
4th Floor, Confederation Building- West, PO Box 8700, St. John's, NL, A1B 4J6

By Fax: 709-729-0320

By email: WaterAndSewer@gov.nl.ca

Community Name: Population:

Drinking Water Systems

1. Do you have an asset management plan for your drinking water system? An asset management plan would include an inventory and condition assessment of assets/infrastructure to assist the community in identifying a plan for upgrades or replacement of assets/infrastructure.
 Yes No

2. Was your water supply or water system infrastructure impacted by a wildfire during 2025?
 Yes No

3. Did your community experience any drinking water shortages during 2025?
 Yes No

4. If you answered yes to Question #3, what was the cause of the water shortage (select all that apply)?
 Low source water levels Equipment failure (ex: pump or valve failure)
 Large watermain break Leaks in the distribution system
 Other

5. If you answered yes to Question #3, what measures did you take to address the water shortage (select all that apply)?
 Issue a water conservation order or water ban Truck water from an alternate source
 Pump or siphon water from an alternate source Dredge or excavate flow channels
 Install sandbags or temporary dam to increase water levels Leak detection and repair

6. Does your water system have any asbestos cement (AC) pipe?
 Yes No

7. Do you have back-up power for your water supply?
 Yes No

8. If you answered yes to Question #7, what type of back-up power supply do you have?
 Portable gasoline generator Portable diesel generator Battery/UPS system
 Permanent gasoline generator Permanent diesel generator Other

9. If you have a back-up power supply, please indicate what year it was installed.

10. Please list the metered water usage for each drinking water system in your community for 2025.

Name of Drinking Water Source	Average Daily Water Use Reminder – include the unit of measurement (e.g. L/day)	Annual Maximum Day Demand* Reminder – include the unit of measurement (e.g. L/day)

* The maximum amount of water supplied to the water distribution system on any given day within a calendar year.

Wastewater Systems (answer Questions #11 to 13 if you have a public wastewater system)

11. Have you developed an asset management plan for your wastewater system?

Yes No

12. Would you like assistance in completing your application for a Transitional Authorization under the federal *Wastewater Systems Effluent Regulations*?

Yes No

13. Would you like training on how to collect your own wastewater samples and flow meter data for reporting under the federal *Wastewater Systems Effluent Regulations*?

Yes No

General

14. Do you have any creosote treated wood in or near freshwater in your community? (examples include dam, retaining wall, dock, bridge, boardwalk, etc.)

Yes No

15. If you answered yes to Question #14, please indicate where the creosote treated wood is located (description of location or coordinates).

16. Please list the name(s) of employees involved in the operation and maintenance of your drinking water and/or wastewater systems:

Submitted By:

Position:

Date:

Phone: