



APPLICATION FOR REGISTRATION

OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	Application #

SECTION 1 – APPLICANT

If there is more than one applicant, click [Add Applicant](#) or attach a complete list of applicants with the information below. The first applicant listed will be considered the primary applicant for this project.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name Middle Initial Last Name

Primary Phone Number Ext. Secondary Phone Number Ext. Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

Community County

Province Postal Code Country

NOTE: Following application decision, all correspondence will go to the applicant

Preferred Method to Return Correspondence: Email OR Paper

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 – Applicant? Yes No If yes, please skip to Section 3.

If there is more than one contact, click [Add Contact](#) or attach a complete list of contacts with the information below.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name

Middle Initial

Last Name

Primary Phone Number

Ext.

Secondary Phone Number

Ext.

Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

Community

County

Province

Postal Code

Country

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SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at the Nova Scotia Land Registry.

If more than one Site, click [Add Site](#) or Copy this section and attach for each Site.

Site Name (if applicable)

If there is more than one activity/facility per property, click [Add Property](#) or Copy this section and attach for each activity/facility.

Civic/Street Address

Community

County

Property Identification # (PID)

SECTION 4 - ACTIVITY DETAILS

Proposed Start Date of Operations (yyyy/mm/dd) _____

Population Served

Number of Clients Served (Annually) _____

Number of Employees Served (Annually) _____

Number of Connections _____

Demand (litres/day) _____

Type of Facility (select one)

Apartment Building		Golf Club		Office Building	
Arena		Grocery Store		Other, please specify	
Athletic Club		HFSC (Home for Special Care)		Park	
B & B		Hospital/Clinic		Provincial Park	
Bowling Club		Industry (non-transient)		Restaurant	
Campground		Industry (transient)		School	
Community Facility (church, hall, club)		Inn		Shopping Centre	
Cottage		Lodge		Ski Club	
CFSA (Community Support for Adult Living)		(LTC) Long Term Care Facility		Summer Camp	
Daycare		Motel		Swimming Club	
DCSH (Dept of Community Services Housing)		Museum		Variety Store	
Gas Retailer		NSTIR		Water Group/Trailer Park/Condominium	
				Yacht Club	

Source of Water (select one)

Drilled Well		Other/Outside Source	
Dug Well		River/Brook/Stream	
Lake		Well Point	

If 'Other/Outside Source', Where is it from? _____ How is it stored? _____

If Lake or River/Brook/Stream, specify watercourse: _____

Water Withdraw Approval Number (if applicable) _____

Well Log Number (if applicable) _____

For wells, please attach a copy of well log, if available, with your registration form.

Are there any other buildings and/or units serviced by the same water supply? Yes No

Treatment Equipment

Capacity/Size (Litres/day) _____

Age _____

Treatment Equipment – Treatment Type (select all that apply)

Ion Exchange (Water Softener)		Ph Adjustment	
Micro-Filtration		Floatation	
Ultra-Filtration		Sand Filtration	
Nano-Filtration		Activated Charcoal Filtration	
Coagulation/Flocculation		Oxidation/Filtration (Green Sand)	
Clarification		Reverse Osmosis	
Other Filtration		Other Filtration Description	
Disinfection: Chlorination		Disinfection: UV	
Other Treatment Type		Other Treatment Type Description	
None			

SECTION 5 – DECLARATION

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request? Yes No

If yes, please indicate which information in the Supporting Documentation is considered confidential.

I acknowledge it is an offense under Section 158 of the *Environment Act* to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the *Environment Act* and Regulations.

Applicant's Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____

OR

I certify that I am acting with the applicant's full consent.

Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____