

***INFORMATION FOR THOSE REQUESTING AN INVESTIGATION UNDER  
SECTION 29 OF THE DRINKING WATER PROTECTION ACT***

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 that the requests be in writing.**

A request for investigation should contain the information highlighted in the questionnaire (Appendix A). The questionnaire should be completed as completely as possible (ignoring only items that do not pertain to your situation).

The questionnaire will assist you 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 in order to determine if an investigation is warranted.

This appendix should provide your local Drinking Water Officer (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 your case.

Please print this document, fill it out and submit it to your local DWO for consideration under Section 29. If your DWO decides not to conduct an investigation, he or she should provide a written explanation to you as to why the decision was made.

If an investigation is conducted, the DWO must advise you of the results of the investigation. When doing so, the DWO should specify his or her 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.

*Appendix A: Request For A Section 29 Investigation Under the  
Drinking Water Protection Act*

<b>Name:</b>	<b>Date:</b>
<b>Mailing address:</b>	<b>Phone Numbers:</b>
<b>Address of well property:</b>	

1. Is your water supply or residence located on federal or native land  Yes  No  Unsure

**2. Source of Water**

Private Well

Private Surface Water (Provide Name of Stream or Lake) \_\_\_\_\_

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)**

**Well Information (If Applicable)**

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? \_\_\_\_\_(meters)  Unsure

9. How deep is the water table below the ground? \_\_\_\_\_(meters)  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?  Yes  No  Unsure

14. Is the well located in an area where there is known flooding or where water can pond?  
 Yes  No  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?

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 ground water 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: \_\_\_\_\_ meters

b. Fuel storage (above ground or underground) Distance: \_\_\_\_\_ meters

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c. Manure storage or application	Distance: _____meters
d. Livestock	Distance: _____meters
e. Wildlife	Distance: _____meters
f. Other wells including abandoned well(s)	Distance: _____meters
g. Septic systems, (including your own or those on nearby properties)	Distance: _____meters
h. Major roads, highways, railways, pipelines, drainage ditches	Distance: _____meters
i. Lake, stream, river, pond or ocean	Distance: _____meters
j. Landfill, refuse storage, contaminated sites	Distance: _____meters
k. Other (Specify)	Distance: _____meters

**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 water advisory? If so, what is nature of advisory?**

**28. Have you contacted your municipal water supplier about your concerns? If so, what was there 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.)**

\_\_\_\_\_  
Name of person requesting an Investigation  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date