

PROPOSED WATER SUPPLY:

Note: A satisfactory bacteriological water sample must be provided to PHU prior to start up. A boil water advisory will remain in effect until satisfactory bacteriological water samples are obtained.

PROPOSED WELL	EXISTING WELL	SURFACE SUPPLY	TYPE OF TREATMENT	OTHER
<input type="checkbox"/> Dug well <input type="checkbox"/> Point <input type="checkbox"/> Drilled well Depth:	<input type="checkbox"/> Dug well <input type="checkbox"/> Point <input type="checkbox"/> Drilled well Depth:	<input type="checkbox"/> River <input type="checkbox"/> Lake Name of waterway:	<input type="checkbox"/> Chlorine <input type="checkbox"/> NSF 55 UV light Filter size in microns:	Specify:

TYPE OF SEWAGE SYSTEM: **Note:** A permit is required for each grey water pit or septic system.

<input type="checkbox"/> PRIVIES	<input type="checkbox"/> GREY WATER PIT	<input type="checkbox"/> SEPTIC TANK AND	<input type="checkbox"/> HOLDING TANK (CLASS
Number of privies: Male: Female:	(CLASS 2) How many?: Number of handwash basins: Number of showers:	LEACHING BED (CLASS 4)	5) Size in litres?:

FOOD SERVICE:

Note: If food is offered at a camp, the requirements of the *Ontario Regulation 493/17 Food Premises* apply. A detailed floor plan of the kitchen must be included with this application.

NUMBER OF CERTIFIED FOOD HANDLERS:	NUMBER OF HANDWASH SINKS:	NUMBER OF DISHWASH SINKS:	DETAILED FLOOR PLAN INCLUDED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL COMMENTS

PRINT: _____ SIGN: _____ DATE: YYYY-MM-DD

FOR OFFICE USE ONLY Date received: YYYY-MM-DD

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|---|---|--|---|--|
| <p><u>Main Office</u></p> <p><input type="checkbox"/> Timmins
 169 Pine St. South
 P.O. Bag 2012
 P4N 8B7
 (705)267-1181 or
 Fax. (705)264-3980</p> <p>1-800-461-1818</p> <p>www.porcupinehu.on.ca</p> | <p><u>Branch Offices</u></p> <p><input type="checkbox"/> Cochrane
 2-233 Eighth St.
 P0L 1C0
 (705)272-3394
 Fax. (705)272-4996</p> <p><input type="checkbox"/> Hearst
 1030 George St., Unit 2
 P.O. Box 2470
 P0L 1N0
 (705)362-7808
 Fax. (705)362-7462</p> | <p><input type="checkbox"/> Hornepayne
 247 Third Avenue
 P.O. Box 127
 P0M 1Z0
 (807)868-2091
 Fax. (807)868-2225</p> <p><input type="checkbox"/> Iroquois Falls
 58A Anson Drive
 P.O. Box 575
 P0K 1G0
 (705)258-2247
 Fax. (705)258-2249</p> | <p><input type="checkbox"/> Kapuskasing
 4 Ash St.
 P5N 2C8
 (705)335-6101
 Fax. (705)337-1895</p> <p><input type="checkbox"/> Matheson
 Bingham Memorial
 Hospital
 P.O. Box 490
 P0K 1N0
 (705)273-2954
 Fax. (705)273-2522</p> | <p><input type="checkbox"/> Smooth Rock Falls
 141 Fifth St.
 P.O. Box 388
 P0L 2B0
 (705)338-2654
 Fax. (705)338-2250</p> <p><input type="checkbox"/> Moosonee
 38 Revillion Rd
 P.O. Box 730
 P0L 1Y0
 (705)336-2294
 Fax. (705)336-2919</p> |
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DISPONIBLE EN FRANÇAIS