

1. CAMP INFORMATION		
(a)	General location of camp, with respect to known landmark:	
(b)	Legal description of location, using Township/Range, District Lot or NTS map co-ordinates:	
(c)	Latitude and Longitude <i>in decimal degrees using the North American Datum –1983</i>	Latitude: Longitude:
	Source of latitude and longitude data:	<input type="checkbox"/> GPS <input type="checkbox"/> Legal Survey <input type="checkbox"/> Other, <i>specify</i>
(d)	Type and maximum size of camp (<i>i.e.</i> 150-man temporary drilling camp):	
(e)	Camp drinking water source (groundwater well, surface water, hauled etc.):	
(e)	Duration of camp operation:	Start Date: _____
		Closure Date: _____

2. TREATMENT SYSTEM INFORMATION	
(a)	Treatment system type/description/characteristics (<i>attach design drawings and information</i>):
(b)	Duration of treatment system inactivity (<i>if applicable</i>):

3. DISPOSAL SITE INFORMATION	
(a)	Is the disposal site within the Agricultural Land Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	The proposed disposal site is owned by: <input type="checkbox"/> Owner or operator of the facility <input type="checkbox"/> The Crown
	<input type="checkbox"/> Other → Land owner's name: _____ → Written consent to discharge has been obtained from the landowner <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', attach written explanation
(c)	Existing surrounding land use:
(d)	Disposal site land use and vegetation type:
(e)	Area of disposal site (hectares):
(f)	Topography and slope of disposal site:
(g)	Distance to and location of camp potable water source (meters):
(h)	Distance to and location of nearest surface water course (meters): <i>(include name of water course)</i>
(i)	Distance to and location of nearest surface water users within 3,000 meters (meters):
(j)	Distance to and location of nearest groundwater users within 3,000 meters (meters):
(k)	Depth to seasonally high groundwater table (meters):

(l)	Depth to bedrock (meters):
(m)	Soil profile (<i>attach drill or test pit logs, if applicable</i>)

4. WASTE CHARACTERISTICS

(a)	Type/source of effluent (<i>i.e. camp sewage</i>):		
Sample Results:		Date (yy/mm/dd) of	
Parameter	Reported Value	Sampling	Analysis
(b)	Total Suspended Solids (mg/L)		
(c)	5-Day Biochemical Oxygen Demand (mg/L)		
(d)	Fecal Coliform Organisms (CFU/100mL or MPN/100mL)		
(e)	Other (specify):		

5. LAND DISPOSAL SYSTEM DESIGN AND OPERATION

(a)	Proposed timing and duration of discharge:
(b)	Total discharge volume (m ³):
(c)	Proposed discharge rate (m ³ /day):
(d)	Proposed application rate (m ³ /ha):
(e)	Type/description of disposal system:
(f)	Site restoration plan:
⇒ ATTACH:	
<input type="checkbox"/> Site Plan <input type="checkbox"/> Location Map	

6. FORM COMPLETED BY:

Print name:	Signature:
Position:	Date (yy/mm/dd):
Full company name:	
Address:	
Phone: ()	Fax: ()
E-mail:	