

Environmental Health Services Work Camp Assessment Form

For Environmental Health Services (EHS) to better serve our clients we are requesting that proponents provide the following information. EHS enforces the *Public Health and Safety Act* and corresponding *Regulations* and this information will be used to assess the adequacy of your proposal with respect to sewage disposal, provision of potable water, food handling and general work camp sanitation. If you have any questions or require assistance in completing this form please contact us.

GENERAL *(Disregard if completed in another section.)*

Name of applicant _____

Field address _____

Permanent address _____

Phone _____ Fax _____

Email _____

Alternate contact number _____

LOCATION OF OPERATION *(Disregard if completed in another section.)*

REQUIREMENT: Attach map(s) of the area to your application (NTS 1:50,000) including existing and proposed access routes. Attached maps should be no greater than 8.5 x 11 inches (*standard letter sized paper*). Do not tape map portions together. Map areas may be enlarged (*by photocopy*) for clarity but not reduced.

Coordinates of area (*check one*): ☐ NTS (°/'/") ☐ UTM system

Quadrant _____

Range of latitude: most northerly point _____

most southerly point _____

Range of longitude: most westerly point _____

most easterly point _____

Property name _____

Nearest community _____

SITE INFORMATION

Source of Electricity: ☐ Grid ☐ Generator ☐ None
☐ Other _____

Maximum number of persons in camp at a time _____

Duration of operation/Length of season (*check one*):

☐ Seasonal ☐ Year round

Details _____

Conditions of site location (*check one*):

☐ Well drained/dry ☐ Poorly drained/wet

Type of structures: ☐ Wall tents ☐ Trailers
☐ Log/framed buildings ☐ Other _____

Number of persons per sleeping unit _____

Method of garbage disposal:

☐ Burn ☐ Bury

☐ Removal to approved facility

Location of approved facility _____

REQUIREMENT: A drawing of the camp layout is required. Please attach a sketch of the camp depicting the locations of nearby (*within 200 feet of camp*) wells, water courses/bodies, outhouses, septic pits/fields, camp buildings, garbage storage/disposal, fuel storage, etc.

WATER SOURCE

Source(s) of potable water (*Potable water is required for drinking water, bathing, tooth brushing and cooking.*):

☐ 'Surface water (*lake, river, creek*) ☐ 'Shallow well (<75ft)

☐ Deep well (>75ft) ☐ Delivery from approved source

¹Please note that all surface water and shallow well sources require treatment.

Method of water treatment and storage² (*check all that apply*)

☐ Filtration

☐ Chlorination

☐ UV treatment

☐ Reverse osmosis

☐ Storage tank

☐ Other _____

² Method of treatment is to be proposed to and approved by EHS.

SEWAGE DISPOSAL

³ Any wastewater generated by kitchen/laundry facilities, bathing, and toilets is considered sewage. Please note that all sewage disposal systems must be in accordance with the Sewage Disposal System Regulations. (A 'Permit to Install' is required prior to installation and 'Approval to Use' is required prior to use.) Please be advised that your project may require a waste water system that is authorized under the Yukon Waters Act through the Yukon Water Board.

Method of sewage disposal (check one):

☐ already in use ☐ to be installed at this site

Please select ONE of the five acceptable options listed below³:

1. ☐ Approved septic tank and soil absorption system

Permit # (if applicable) _____

Volume of septic tank _____

Dimensions of soil absorption field _____

OR

- ☐ Approved holding tank system

Permit # (if applicable) _____

Volume of holding tank _____

Name of Eduction Service Provider _____

Note: Use of a sewage holding tank requires authorization and may not be an option available to you

2. ☐ Combination of pit privies and approved grey water treatment and disposal system

Number of pit privies _____

Details of Wastewater Treatment & Disposal system:

☐ Engineered design will be submitted for approval

☐ In accordance with pre-approved design
(Contact Environmental Health Services for details.)

3. ☐ Privies only (no pressurized water (plumbing) will be available on site)

Number of pit privies _____

4. ☐ Approved sewage disposal system as authorized under the Yukon Waters Act through the Yukon Water Board
(Please attach supporting documentation.)

5. ☐ Other approved alternate design
(Engineered systems including sewage lagoons, please attach supporting documentation.)

FOOD SERVICE

☐ Food prepared by dedicated staff (catered)

☐ Other _____

REQUIREMENT: Describe food storage, methods of refrigeration and attach a detailed drawing of the kitchen and cafeteria area layout indicating type of floor coverings, location of all kitchen equipment including sinks, fridges, stoves, countertops and food storage facilities. Attach additional pages as necessary.

ACKNOWLEDGEMENT

I undertake to comply with all applicable provisions of the *Public Health and Safety Act and Regulations* as they apply to sewage disposal, food service, potable water supply, accommodation and general camp sanitation.

Signature _____

Print full name _____

Position _____

Address _____

Email _____

Phone _____ Field phone _____

CONTACT INFORMATION:

Environmental Health Services
Health and Social Services, Government of Yukon
2 Hospital Road, Whitehorse, Yukon, Y1A 3H8

Phone 1-800-661-0408 (ext. 8391) or 867-667-8391

Fax 867-667-8322

Email Environmental.Health@gov.yk.ca

SUBMIT FORM