



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.)	SITE INFORMATION	ı			
Name of applicant	Source of Electricity:	_	Generato	or None	
Field address		□ Other			
	Maximum number of persons in camp at a time				
Permanent address	Duration of operation/Length of season (check one):				
		Seasonal			
Phone Fax		Details			
	Conditions of site location (check one):				
Email		☐ Well draine	d/dry	Poorly drained/wet	
Alternate contact number	Type of structures:	\square Wall tents		Trailers	
		☐ Log/framed	d buildings	Other	
LOCATION OF OPERATION (Disregard if completed in another section.)	Number of persons per sleeping unit				
REQUIREMENT: Attach map(s) of the area to your application (NTS 1:50,000) including existing and proposed access routes. Attached	Method of garbage disposal:				
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		Burn		Bury	
(by photocopy) for clarity but not reduced.	Removal to approved facility				
Coordinates of area (check one):	Location of approved facility				
Quadrant	REQUIREMENT: A drawing of the camp layout is required. Please attach				
Range of latitude: most northerly point	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.				
most southerly point					
Range of longitude: most westerly point	WATER SOURCE				
most easterly point	Source(s) of potable values bathing, tooth brushing			red for drinking water,	
Property name	☐ ¹Surface water (lak	e, river, creek)	☐¹Shallow	well (<75ft)	
Nearest community	Deep well (>75ft)		Delivery	from approved source	
Troubest community	¹ Please note that all surface water and shallow well sources require treatment.				
	Method of water treat	Method of water treatment and storage ² (check all that apply)			
	Filtration		Chlorina	tion	
	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 sit	е		
Please select ONE of the five acceptable options listed below ³ :			
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 be an option available to you	not		
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 availab	ole 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 atta supporting documentation.)	ach		

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 <i>Public Health</i> and <i>Safety Act</i> and <i>Regulations</i> as they apply to sewage disposal, food service, potable water supply, accommodation and general camp sanitation.
Signature
Print full name
Position
Address

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

867-667-8322

Email Environmental.Health@gov.yk.ca

SUBMIT FORM

Email_

Phone _



Field phone _