



MUNICIPAL WATER USE INSPECTION FORM

DATE: Aug 10, 2008 COMPANY REP.: Michelle Hart
LICENSEE: Hall Beach LICENCE #: 3BM-HAL0308

WATER SUPPLY

Source (s): _____ Quantity Used (to date): unknown
(estimate or actual)

Owner/Operator: Municipality of Hall Beach

Indicate: A - Acceptable U - Unacceptable N/A - Not Applicable

Intake Facilities: A Storage Structure A Treatment Systems NI Chem. Storage A

Flow Meas. Device A Convey. Lines NI Pumping Stations NI

Comments: Erosion issues and drums at Intake water from
river source. Repairs should be done and refilled
within next year.

WASTE DISPOSAL

Sewage Sewage Treatment System (primary, secondary or tertiary) pumping

Natural Water body _____ Continuous Discharge (land or water) _____

Seasonal Discharge ✓ Wetlands Treatment _____ Trench _____

Solid Waste: Owner/Operator: Municipality of Hall Beach

Landfill ✓ Burn & Landfill ✓ Other _____

Indicate: A - Acceptable U - Unacceptable N/A - Not Applicable

Disch. Quality U Decant Structure NI Erosion _____

Disch. Meas. Dev. U Dyke Inspection NI Seepages U

Dams, Dykes U Freeboard NA Spills U

Construction U O & M Plan U A & R Plan U

Periods of Discharge: U Effluent Discharge Rate: NI

Comments: Upon arrival Inspector became aware of an uncontrolled
release of sewage from cell 2 of lagoon. Effluent stream
erect in ground bed adjacent to Ocean. Spill Report
unavailable for Review. G.N aware of issues.

FUEL STORAGE Owner: Gov't of Nu Operator QEC Condition of Tanks NI

Berms & Liners NI Water within berm: NI Evidence of Leaks: NI

Drainage Pipes NI Pump Station and Catchment Berm NI

Pipeline Condition NI Not Applicable: _____

SURVEILLANCE NETWORK PROGRAM

Samples Collected: (Hamlet) _____

(DIAND) (2) potable & Effluent

Signs Posted: SNP Good Warning _____

Record & Reporting incomplete

Geotechnical Inspection: _____

Non-Compliance of Act or Licence: The Municipality's water license
expires this year. Work must be undertaken to
address this and an application submitted. A copy
of the spill report was to be provided by Hamlet SMO as soon
as possible. Direction to follow.

Page 2 attached Yes _____ No _____

Licensee Representatives Title

Licensee Representatives Signature

Andrew Keim
Inspectors Name

Inspectors Signature