



APPLICATION FOR DRINKING WATER SYSTEM

COMPLETE ONE APPLICATION IN FULL FOR EACH DRINKING WATER SYSTEM USING BLOCK PRINTING WHERE POSSIBLE AND COMPLETELY FILLING IN APPROPRIATE BOX(ES)

STATUS	NEW FACILITY	CHANGE TO EXISTING FACILITY	OWNER CHANGE					
WATER SYSTEM	WATER SYSTEM NAME							
	WATER SYSTEM ADDRESS OF PHYSICAL LOCATION							
	CITY	POSTAL CODE	TELEPHONE					
	FAX	EMAIL						
	WATER SYSTEM MAILING ADDRESS							
	SEND INVOICE TO: SAME AS ABOVE ADDRESS OR:							
WATER SYSTEM'S REGISTERED OWNER <small>(e.g. Jane Doe, 12345 BC Ltd., etc.)</small>	REGISTERED OWNER NAME/NUMBER							
	MAILING ADDRESS							
	CITY	POSTAL CODE	TELEPHONE					
	FAX	EMAIL						
WATER SYSTEM OPERATOR	OPERATOR NAME							
	ADDRESS							
	CITY	POSTAL CODE	TELEPHONE					
	FAX	EMAIL						
WATER SYSTEM EMERGENCY CONTACT	EMERGENCY CONTACT NAME							
	ADDRESS							
	CITY	POSTAL CODE	TELEPHONE					
	FAX	EMAIL						
WATER SYSTEM MANAGER <small>(Optional)</small>	MANAGER NAME							
	ADDRESS							
	CITY	POSTAL CODE	TELEPHONE					
	FAX	EMAIL						
WATER SYSTEM INFORMATION	SOURCE WATER (INDICATE NUMBER OF EACH SOURCE THAT APPLIES)							
	GROUNDWATER	SURFACE WATER	RAINWATER	BULK WATER HAULER	BULK WATER PIPED			
	SOURCE WATER INFO MUST BE ATTACHED (e.g. well log, water license #, rainwater catchment details, use (e.g. primary, back-up.))							
	DISTRIBUTION SYSTEM – NUMBER OF CONNECTIONS							
	>20,000	10,001-20000	301-10,000	15-300	2-14	1 – Serves Public	Bulk Water Hauler	Filling Station
	MAXIMUM POPULATION SERVED IN A 24 HOUR PERIOD:			TOTAL NUMBER OF CONNECTIONS:				
	ADDITIONAL INFRASTRUCTURE (REQUIRED: ATTACH ALL RELEVANT INFORMATION)							
	EXISTING TREATMENT/DISINFECTION EQUIPMENT IN PLACE			NO	YES			
	EXISTING WATER STORAGE IN PLACE			NO	YES			
	MONTHS OF OPERATION: YEAR ROUND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC							
VERIFICATION	APPLICANT SIGNATURE _____ I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application.							
	PRINT NAME _____							
				DATE _____				
FOR OFFICIAL USE ONLY	RECEIVED BY EPH	DATE	INITIAL	CONNECTION TYPE				
	POSTED			FACILITY #				
	APPROVED BY P.H. ENGINEER			AMOUNT PAID				
	APPROVED BY MHO/EHO			METHOD OF PAYMENT				
	PERMIT SENT			RECEIPT #				



DRINKING WATER APPLICATION – ADDITIONAL INFORMATION CHECKLIST	Attached?
Required for New Facility/Change to Existing Facility/ Owner Change Applications:	
EMERGENCY RESPONSE AND CONTINGENCY PLAN (e.g. written procedures for all possible water system related emergencies)	
OWNERSHIP TYPE Sole Proprietor (e.g. John Doe) Partnership (e.g. Bob and Sally Smith) Society Incorporated (e.g. 123456 BC Ltd or 78910 Inc.) Other: _____ <i>Legal ownership documentation (if applicable). Include a copy of the Certificate of Incorporation if ownership is a corporation or society. Include a copy of the legal partnership agreement if the ownership is a Partnership.</i>	
Required if Existing Analysis is >5 years Old	
WATER QUALITY ANALYSIS (BACTERIOLOGICAL, CHEMICAL, PHYSICAL PARAMETERS) (Appendix A: Minimum Untreated Source Water Quality Parameters to be Analyzed, Surface Water OR Appendix B: Minimum Untreated Source Water Quality Parameters to be Analyzed, Ground Water (Shallow Wells, Deep Wells, Springs))	
Required for New Facility Applications Only:	
SOURCE WATER INFORMATION (e.g. well log, water license #, rainwater catchment system details, use (e.g. primary, back-up.))	
DISTRIBUTION SYSTEM INFORMATION (EXISTING) (e.g. schematic, distribution pipe materials, cross connection control devices)	
ADDITIONAL INFRASTRUCTURE - TREATMENT/DISINFECTION DETAILS (EXISTING) (e.g. schematic, equipment make/models, equipment specifications, purpose of equipment)	
ADDITIONAL INFRASTRUCTURE - WATER STORAGE DETAILS (EXISTING) (e.g. schematic/layout, construction material, volume, baffling factor, raw or potable water)	
WATER SYSTEM SITE MAP (e.g. map of water system area including all pertinent property details (e.g. other wells, septic systems, potential sources of contamination, buildings) Service Delivery Area (E.G. 123 Name Street, XYZ Campground, New Name Subdivision):	
WATER SYSTEM SCHEMATIC (e.g. diagram of existing or proposed water system infrastructure)	
PRELIMINARY WATER SYSTEM SCREENING (e.g. Drinking Water Source-to-Tap Screening Tool , Comprehensive Drinking Water Source-to-Tap Assessment Guideline)	
ONSITE WASTEWATER MANAGEMENT SYSTEM DETAILS (e.g. sewerage filing, record of sewerage system)	
CONSTRUCTION PERMIT APPLICATION (Required where new construction is being proposed)	