

Complete all applicable sections. Incomplete applications may be returned to the applicant resulting in delays

Sections in gray need to be completed in consultation with the Environmental Health Officer (EHO)

A. Owners information			
Type of ownership (select one):	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Society		
<input type="checkbox"/> Other: _____			
Legal Owner (e.g. Jane Doe or 123456 BC Ltd.):		Common Name of Water System:	
Owner Contact Name:		Owner Contact Number:	
Legal Owner Mailing Address:		City:	Postal Code:

B. Operator/Site Information			
Operator information:			
Person in charge (operator):		Phone/Fax:	
Position:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____	Cell:	
Water system address:		Email:	
City/municipality:		Postal code:	
Mailing/Billing Information: <input checked="" type="checkbox"/> same as operator information			
Mailing address:		Phone:	
City/municipality:		Prov.:	
Postal code:		Owner Email:	

Directions to Water System (if in Remote Location):
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C. Type of application			
<input type="checkbox"/> New facility	<input type="checkbox"/> Owner change	<input type="checkbox"/> Months of operation change	<input type="checkbox"/> Data collection/data update
<input type="checkbox"/> Service change	<input type="checkbox"/> Name change	<input type="checkbox"/> Status change (closed/re-open)	
Effective date:		Comments:	

Have you operated a water supply system within the Northern Health Authority in the past: <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, state the name of the water system:
Will system operate: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal
If seasonal, months of operation: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

Incomplete applications will not be processed and will be returned to the applicant. Any questions should be directed to the Environmental Health Officer.

<i>Assigned EHO:</i>	<i>Received:</i>
Status: <input type="checkbox"/> Permitted <input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Category (Include number of connections): <input type="checkbox"/> WS 1 <input type="checkbox"/> WS 2 <input type="checkbox"/> WS 3 <input type="checkbox"/> WS 4	

Signature of the Applicant:	Date:
Approved by EHO/DWO:	Date:



D. Water Systems Information

of sources (include backup sources):

of treatment plants (do not include point-of-use treatment):

of storage locations (do not include pressure tanks):

Complete the following sections for each source, treatment plant, and storage location indicated above.

Does the treatment comply with **4-3-2-1-0** treatment objectives: Yes No Not Required

Required for surface water and groundwater at risk of containing pathogens as per the BC Drinking Water Treatment Objectives (Microbiological)

Subtype: Municipal Residential Water Hauler Workplace Mobile Camp Work Camp Licensed Care
 Educational Food Recreational Unknown

Governance: Water Users Community Strata Corporation Partnership Sole proprietorship (individual)
 Joint (good neighbour) Municipality Regional district Improvement district School District
 Other local government Health authority BC Hydro BC Parks BC Ferries Other provincial
 Federal crown corporation Aboriginal Other federal

Environmental Operators Certification Program Classification and Training

Has the drinking water system been classified by EOCP: Yes No

Water treatment classification: Level 1 Level 2 Level 3 Level 4 Small Water System

Water distribution classification: Level 1 Level 2 Level 3 Level 4 Small Water System

Is the operator certified for this level of classification: Yes No N/A (answered no to above)

If yes, certified operator name: _____ EOCP #: _____

If no, why:

For small water systems, list trained operator(s) and their training course(s):

Operator(s):

Course(s):

Number of Point of Use (POU) or treatment locations if applicable: _____

POU Treatment Description: _____

SOURCE (please select below)

If there is more than one source, this section will need to be completed for each source

Name:	Address/Location:	City:
Type: <input type="checkbox"/> Lake <input type="checkbox"/> Flowing <input type="checkbox"/> Spring <input type="checkbox"/> Shallow well <input type="checkbox"/> Deep well <input type="checkbox"/> Infiltration gallery <input type="checkbox"/> Hauled from approved source <input type="checkbox"/> Piped from approved source <input type="checkbox"/> Dugout <input type="checkbox"/> Surface runoff <input type="checkbox"/> Rain <input type="checkbox"/> Reclaimed water <input type="checkbox"/> Other: _____		
Status: <input type="checkbox"/> Sole <input type="checkbox"/> Primary <input type="checkbox"/> Combined <input type="checkbox"/> Demand <input type="checkbox"/> Standby <input type="checkbox"/> Seasonal <input type="checkbox"/> Inactive		
System Source Classification: <input type="checkbox"/> GARP <input type="checkbox"/> GARP-Virus only <input type="checkbox"/> Low risk groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Unknown		
Source Assessment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Global Position (degree decimal): Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Latitude: North Longitude: West

SOURCE (optional)

If there is more than one source, this section will need to be completed for each source

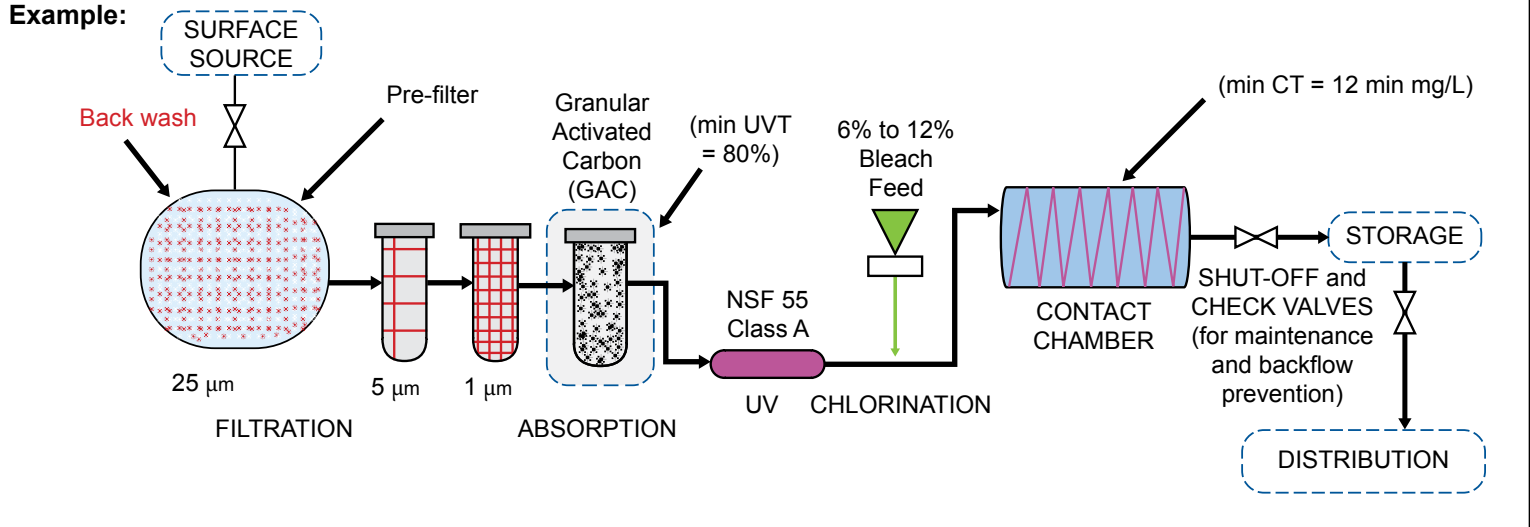
Name:	Address/Location:	City:
Type: <input type="checkbox"/> Lake <input type="checkbox"/> Flowing <input type="checkbox"/> Spring <input type="checkbox"/> Shallow well <input type="checkbox"/> Deep well <input type="checkbox"/> Infiltration gallery <input type="checkbox"/> Hauled from approved source <input type="checkbox"/> Piped from approved source <input type="checkbox"/> Dugout <input type="checkbox"/> Surface runoff <input type="checkbox"/> Rain <input type="checkbox"/> Reclaimed water <input type="checkbox"/> Other: _____		
Status: <input type="checkbox"/> Sole <input type="checkbox"/> Primary <input type="checkbox"/> Combined <input type="checkbox"/> Demand <input type="checkbox"/> Standby <input type="checkbox"/> Seasonal <input type="checkbox"/> Inactive		
System Source Classification: <input type="checkbox"/> GARP <input type="checkbox"/> GARP-Virus only <input type="checkbox"/> Low risk groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Unknown		
Source Assessment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Global Position (degree decimal): Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Latitude: North Longitude: West

TREATMENT PLANT (please complete all relevant fields below)

Name: _____ **Address/Location:** _____ **City:** _____

Design Flow Rate: _____

Treatment Schematic Sketch Attached: Yes No



Filtration Type: Prefiltration Coagulation/Flocculation Slow Sand Filtration Rapid Sand Filtration
 Pressure Filtration Cartridge Filtration Microfiltration Ultrafiltration Nanofiltration
 Reverse Osmosis Setting/Clarifier Flotation Other None

Other Filtration: _____

Smallest Filter/Media Size (microns): _____

Chemical Removal Reason: AO CDWQG List Chemicals MAC/IMAC CDWQG List Chemicals
 Both AO and MAC/IMAC List Chemicals Other None
AO Aesthetic Objective (I)MAC (Interim) Max. Acceptable Concentration CDWQG Cdn. Drinking Water Quality Guidelines

Parameters of Concern: _____

Chemical Treatments Processes: _____

Primary Disinfection: Chloramination Chlorination Ozonation Chlorine Dioxide Ultraviolet None
 Other: _____

Secondary (Residual) Disinfection: Chloramination Chlorination None
 Other: _____

Automated Disinfection: Yes No **Monitored/Controlled:** Yes No

Global Position (degree decimal): _____ **Latitude:** North
Altitude: _____ ft m **Longitude:** West

DISTRIBUTION (please complete all relevant fields below)

Name:	City:
Number of Connections:	Maximum Population Served in 24 Hours:
Total Length of Distribution Mains (km):	Typical Population Served in 24 Hours:
Cross Connection Control Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flushing Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residual Disinfection: <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
Other Secondary Disinfection:	

Distribution Map Attached: Yes No

Example:



RESERVOIRS/STORAGE TANKS (please complete all relevant fields below) - If there is more than one storage this section will need to be completed for each storage component

Name: _____		Location: _____	
Type: <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Ground Level <input type="checkbox"/> Underground <input type="checkbox"/> Uncovered			
Construction Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____			
Construction Date: _____		Volume: _____	
		<input type="checkbox"/> m ³ <input type="checkbox"/> litres <input type="checkbox"/> Imp <input type="checkbox"/> gal <input type="checkbox"/> US	
		Turnover Time: _____	
		<input type="checkbox"/> hours / <input type="checkbox"/> days	
Security: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Hatch is sealed <input type="checkbox"/> Hatch is locked <input type="checkbox"/> Vents are screened <input type="checkbox"/> Security Fencing <input type="checkbox"/> Security Fencing <input type="checkbox"/> Gate locked <input type="checkbox"/> Alarmed			
Mixing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Level Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Separate Inlet at Top: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Separate Outlet at Bottom: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outflow By: <input type="checkbox"/> Gravity <input type="checkbox"/> Hydropneumatic or Air Pressure Pumping		Potable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Free Chlorine readout at outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reservoir Sampling Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Global Position (degree decimal): _____		Latitude: North	
Altitude: _____		Longitude: West	
		<input type="checkbox"/> ft <input type="checkbox"/> m	

RESERVOIRS/STORAGE TANKS (please complete all relevant fields below) - If there is more than one storage this section will need to be completed for each storage component

Name: _____		Location: _____	
Type: <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Ground Level <input type="checkbox"/> Underground <input type="checkbox"/> Uncovered			
Construction Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____			
Construction Date: _____		Volume: _____	
		<input type="checkbox"/> m ³ <input type="checkbox"/> litres <input type="checkbox"/> Imp <input type="checkbox"/> gal <input type="checkbox"/> US	
		Turnover Time: _____	
		<input type="checkbox"/> hours / <input type="checkbox"/> days	
Security: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Hatch is sealed <input type="checkbox"/> Hatch is locked <input type="checkbox"/> Vents are screened <input type="checkbox"/> Security Fencing <input type="checkbox"/> Security Fencing <input type="checkbox"/> Gate locked <input type="checkbox"/> Alarmed			
Mixing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Level Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Separate Inlet at Top: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Separate Outlet at Bottom: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outflow By: <input type="checkbox"/> Gravity <input type="checkbox"/> Hydropneumatic or Air Pressure Pumping		Potable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Free Chlorine readout at outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reservoir Sampling Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Global Position (degree decimal): _____		Latitude: North	
Altitude: _____		Longitude: West	
		<input type="checkbox"/> ft <input type="checkbox"/> m	

E. Sampling Information (To be completed with an Environmental Health Officer)

BACTERIOLOGICAL WATER SAMPLING SITES (complete one for each sampling location required)		
Sample Site Name:		
Sampling Site Physical Address:		
Site Source: <input type="checkbox"/> Flowing Supply <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> Spring <input type="checkbox"/> Deep Well <input type="checkbox"/> Shallow Well <input type="checkbox"/> Combined <input type="checkbox"/> Other (cistern etc.)		
Source Type: <input type="checkbox"/> Distribution System <input type="checkbox"/> Raw Supply		Treated Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Sampler: <input type="checkbox"/> Operator <input type="checkbox"/> Water Sampling Assistant <input type="checkbox"/> EHO		Sampler Name:
Sampler Mailing Address:		
City:	Postal Code:	Email:
Sampling Reason: <input type="checkbox"/> Monitoring <input type="checkbox"/> Audit <input type="checkbox"/> Confirmation		
Sample Reportable under the Drinking Water Protection Act: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bacteriological Sampling Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> No Regular Sampling		
Sample During these Months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
# of Bacteriological Samples Required per Month:		
Map of Sampling Locations attached or available in Healthspace: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Report Email Distribution List:		
Global Position (degree decimal):		Latitude: North
Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Longitude: West

WATER CHEMISTRY SAMPLING SITES (complete one for each sampling location required)		
Sample Site Name:		
Sampling Site Physical Address:		
Site Source: <input type="checkbox"/> Flowing Supply <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> Spring <input type="checkbox"/> Deep Well <input type="checkbox"/> Shallow Well <input type="checkbox"/> Combined <input type="checkbox"/> Other (cistern etc.): _____		
Source Type: <input type="checkbox"/> Distribution System <input type="checkbox"/> Raw Supply		Treated Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Sampler: <input type="checkbox"/> Operator <input type="checkbox"/> Water Sampling Assistant <input type="checkbox"/> EHO		Sampler Name:
Sampler Mailing Address:		
City:	Postal Code:	Email:
Sampling Reason: <input type="checkbox"/> Monitoring <input type="checkbox"/> Audit		
Sample Reportable under the Drinking Water Protection Act: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical Sampling Frequency: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> No Regular Sampling		
Sample During these Months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
Global Position (degree decimal):		Latitude: North
Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Longitude: West

For Office Use OnlyEmergency Response Plan (ERP) submitted: No Yes If yes: (Date of Acceptance)Is this a system that will be exempt under Section 3.1 of the DWPR: Yes NoExemption criteria: Non Potable Point of Entry (POE) Point of Use (POU)**Permit Conditions (to be completed by EHO):****Fee Status:** Normal Not Applicable

Date Permit Issued:

Date Invoiced:

Processed by:

Date: