

# 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) ■

<b>STATUS</b>	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> CHANGE TO EXISTING FACILITY <input type="checkbox"/> OWNER CHANGE																																													
<b>WATER SYSTEM</b>	<u>SYSTEM NAME</u>																																													
	SYSTEM OFFICE ADDRESS																																													
	CITY	POSTAL CODE																																												
	TELEPHONE	FAX	EMAIL																																											
	SYSTEM MAILING ADDRESS <input type="checkbox"/> SAME AS SYSTEM OFFICE OR:																																													
	SEND INVOICE TO <input type="checkbox"/> SAME AS SYSTEM OFFICE OR:																																													
<b>SYSTEM'S REGISTERED</b> <input type="checkbox"/> OWNER OR <input type="checkbox"/> LEASEE	REGISTERED <b>OWNER/LEASEE</b> NAME	<input type="checkbox"/> SOCIETY																																												
	MAILING ADDRESS	<input type="checkbox"/> SOLE PROPRIETOR																																												
	CITY	POSTAL CODE	<input type="checkbox"/> PARTNERSHIP																																											
	TELEPHONE	FAX	EMAIL																																											
			<input type="checkbox"/> INCORPORATED																																											
<b>SYSTEM CONTACT</b>	<u>CONTACT NAME</u>	<u>POSITION</u>	<u>TELEPHONE</u>																																											
	<u>ADDRESS</u>	<u>FAX</u>																																												
<b>CODED WATER SYSTEM FEATURES</b>	<b>SOURCE</b> NUMBER OF UNIQUE SOURCES _____	<b>SOURCE</b>	<b>STATUS</b>	<b>TREATMENT</b>	<b>DISINFECTION</b>																																									
	Name eg. Fallen Lake (Specify Lake or River Name)																																													
	NAME #1 _____																																													
	NAME #2 _____																																													
	NAME #3 _____																																													
	NAME #4 _____																																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>SOURCE</th> <th>STATUS</th> <th>TREATMENT</th> <th>DISINFECTION</th> </tr> </thead> <tbody> <tr> <td>A - SURFACE WATER</td> <td>1 - INACTIVE</td> <td>1 - SLOW SAND</td> <td>1 - CHLORAMINATION</td> </tr> <tr> <td>B - SHALLOW WELL (&lt; 50' DEEP)</td> <td>2 - SEASONAL</td> <td>2 - RAPID SAND</td> <td>2 - CHLORINATION</td> </tr> <tr> <td>C - DEEP WELL (&gt; 50' DEEP)</td> <td>3 - STANDBY</td> <td>3 - PRESSURE</td> <td>3 - OZONATION</td> </tr> <tr> <td>D - INFILTRATION GALLERY</td> <td>4 - COMBINED</td> <td>4 - MICROFILTRATION</td> <td>4 - ULTRAVIOLET</td> </tr> <tr> <td></td> <td>5 - DEMAND</td> <td>5 - ULTRAFILTRATION</td> <td>5 - NONE</td> </tr> <tr> <td></td> <td>6 - PRIMARY</td> <td>6 - ELECTRODIALYSIS REVERSAL</td> <td>6 - OTHER - EXPLAIN BELOW*</td> </tr> <tr> <td></td> <td>7 - SOLE</td> <td>7 - REVERSE OSMOSIS</td> <td></td> </tr> <tr> <td></td> <td></td> <td>8 - NONE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>9 - OTHER - EXPLAIN BELOW*</td> <td></td> </tr> </tbody> </table>						SOURCE	STATUS	TREATMENT	DISINFECTION	A - SURFACE WATER	1 - INACTIVE	1 - SLOW SAND	1 - CHLORAMINATION	B - SHALLOW WELL (< 50' DEEP)	2 - SEASONAL	2 - RAPID SAND	2 - CHLORINATION	C - DEEP WELL (> 50' DEEP)	3 - STANDBY	3 - PRESSURE	3 - OZONATION	D - INFILTRATION GALLERY	4 - COMBINED	4 - MICROFILTRATION	4 - ULTRAVIOLET		5 - DEMAND	5 - ULTRAFILTRATION	5 - NONE		6 - PRIMARY	6 - ELECTRODIALYSIS REVERSAL	6 - OTHER - EXPLAIN BELOW*		7 - SOLE	7 - REVERSE OSMOSIS				8 - NONE				9 - OTHER - EXPLAIN BELOW*	
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<b>* EXPLANATIONS OF TREATMENT OR DISINFECTION PROCESSES</b> #1 _____ #3 _____ #2 _____ #4 _____																																														
<b>DISTRIBUTION</b> NUMBER OF CONNECTIONS <input type="checkbox"/> > 20,000 (DWP) <input type="checkbox"/> 10,001 - 20,000 (DWM) <input type="checkbox"/> 301 - 10,000(DWT) <input type="checkbox"/> 15 - 300(DWC) <input type="checkbox"/> 2 - 14(DWS) <input type="checkbox"/> 1 - SERVES PUBLIC (DWQ) <input type="checkbox"/> 1 HAULER (DWH)																																														
EMERGENCY RESPONSE PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO    SAMPLING FREQUENCY SCHEDULE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO																																														
<b>MAXIMUM NUMBER OF CONNECTIONS PROPOSED</b> _____			<b>ESTIMATED POPULATION SERVED</b> _____																																											
<b>VERIFICATION</b>	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.		DATE _____																																											
	PRINT NAME _____		PROPOSED OPERATIONAL DATE _____																																											
			PLANS INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO																																											
<b>FOR OFFICIAL USE ONLY</b>		<b>DATE</b>	<b>INITIALS</b>																																											
	REC'D from Customer			FACILITY TYPE	Init.																																									
	POSTED			FACILITY #																																										
	SENT TO P.H. ENGINEER			AMOUNT PAID																																										
	APPROVED BY P. H. ENGINEER			METHOD OF PAYMENT																																										
	SENT TO M.H.O./EHO																																													
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PERMIT SENT																																														