



Island Health File No.: _____

APPLICATION FOR WATER SUPPLY SYSTEM CONSTRUCTION PERMIT

Water System Name: (Legal Name) _____ Date: _____

Address: (if new) _____ Postal Code: _____

Contact: _____ Tel No: _____

E-mail: _____

Onsite Water System Owner: (Legal name if different: required for onsite works) _____

Corporate Address: _____ Postal Code: _____

Onsite Contact: _____ Tel No: _____

E-mail: _____

Description of proposed watermain extension/replacement (eg 200m of 150-mm PC235 PVC pipe):

| LENGTH (m) | SIZE (mm) | PRESSURE RATING (class) | TYPE |
|------------|-----------|-------------------------|------|
| | | | |
| | | | |
| | | | |

Description of related works - source, treatment, reservoir, etc.

New Watermain Watermain Replacement Watermain Repair Watermain Extension Project # _____

| | |
|---|--|
| Is the existing Water system on a Boil Water Notice ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the submission include a new source(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the water quality of the existing waterworks and/or new source(s) meet the <i>Drinking Water Protection Regulation</i> and the <i>Guidelines for Canadian Drinking Water Quality</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will all watermains have 3 meters clear horizontal separation from sanitary and storm sewers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| At all crossings and wherever the normal horizontal separation is not possible are the watermains at least 45 cm (18 inches) above and clear of the sanitary or storm sewer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have blow-offs or hydrants been provided for flushing purposes on all dead-ends and low points? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have air relief valves, hydrants or services designed to provide air relief been provided at all high points? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will watermains/reservoirs be disinfected per current AWWA standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all works on public right-of-ways or registered easements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all plans, reports, specifications, etc., sealed and signed by a Professional Engineer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many new lots/connections will be serviced? | # _____ <input type="checkbox"/> N/A |
| Is the capacity of the existing waterworks adequate (including existing and committed servicing)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the lots serviced by | <input type="checkbox"/> septic tank or <input type="checkbox"/> Sewer System ? |
| Is this plan | <input type="checkbox"/> an intial submission or <input type="checkbox"/> a revised submission ? |

Submitted by: _____
Signed: _____
Address: _____
E-mail: _____

Send to:
Island Health – Public Health Engineering
355 11th Street, Courtenay, BC V9N 1N4
Phone: 250-331-8518 Fax: 250-331-8596
HPES.engineering@islandhealth.ca