



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.

- Is the existing Water system on a **Boil Water Notice**? Yes No
- Does the submission include a new source(s)? Yes No
- Does the water quality of the existing waterworks and/or new source(s) meet the *Drinking Water Protection Regulation* and the *Guidelines for Canadian Drinking Water Quality*? Yes No
- Will all watermains have 3 meters clear horizontal separation from sanitary and storm sewers? Yes 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? Yes No
- Have blow-offs or hydrants been provided for flushing purposes on all dead-ends and low points? Yes No
- Have air relief valves, hydrants or services designed to provide air relief been provided at all high points? Yes No
- Will watermains/reservoirs be disinfected per current **AWWA** standards? Yes No
- Are all works on public right-of-ways or registered easements? Yes No
- Are all plans, reports, specifications, etc., sealed and signed by a Professional Engineer? Yes No
- How many new lots/connections will be serviced? _____
- Is the capacity of the existing waterworks adequate (including existing and committed servicing)? Yes No
- Are the lots serviced by **septic tank** or **sewer system**?
- Is this plan: **an initial submission** or **a revised submission**
- If applicable, has the local Approving Officer (or designated municipal approving officer) approved the subdivision? Yes No

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

Send to: Island Health – Public Health Eng.
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