

Island Health File No.:	

APPLICATION FOR WATER SUPPLY SYSTEM CONSTRUCTION PERMIT

Water System Name: (Legal Name)Address: (if new)						
Contact:			Tel No:			
E-mail:						
Onsite Water System Owner: (Legal						
Corporate Address:	•	,	Postal Code):		
Onsite Contact:						
E-mail:						
Description of proposed watermain extensio):			
LENGTH (m)	SIZE (mm)	PRESSURE RATI		TYPE		
Description of related works - source, t New Watermain Watermain Replacements		Repair Watermain Ex	tension Project#	,		
New Watermain Watermain Replantation Replant	acement	Repair Watermain Ex	tension Project #	Ye		
New Watermain	acement		,			
New Watermain	acement	source(s) meet the <i>Drinki</i>	,	☐ Ye		
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Submitted by: ______Signed: ______Address: ______E-mail: _____

Send to:

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