



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 initial 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 1S4
Phone: 250-331-8518 Fax: 250-331-8596
HPES.engineering@islandhealth.ca