Vancouver CoastalHealth
Promoting wellness. Ensuring care.

WATER SYSTEM APPLICATION

☐ **NEW WATER SYSTEM** ☐ **CHANGE TO EXISTING WATER SYSTEM**

SECTION 1 If a New Water System, include the following with this Application and Complete Sections 3,4, and Verification:

☐ Laboratory Data ☐ Detailed Drawing ☐ Emergency Response Plan

☐ Training Certificates

SECTION 2 If Change to Existing Water System, check type of change(s) and complete Sections 3,4, and Verification:

☐ Proposed Date of Change _____

☐ Owner / Contact Person Change include the following:

☐ Revised Emergency Response Plan

☐ Training Certificates

☐ Change in Size of Distribution System

☐ Water System Name Change --- Old Water System Name _____

☐ Changes to Months of Operation

☐ Mailing Address / Fax / Email Change

SECTION 3 Water System Information *Please Print*

Water System Name		
Telephone of Operator	Fax of Operator	E-mail
Water System Address / Location		Postal Code
Owner Name	Operator Name	

☐ Source _____ ☐ Treatment _____

☐ # of Connections _____

SECTION 4 Business Information

Primary Contact Person (Operator)

Telephone / Fax / Email

Address

City / Province / Postal Code

Owners Name (Company or Individual)

Operator/Manager/President's Name

Business Billing Address (for annual fee of operating permit)

Postal Code / Telephone / Fax

VERIFICATION

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.

Print Name: **Date:**