northern health
the northern way of caring

Application for Waterworks Operating Permit

Complete all applicable sections. Incomplete applications may be returned to the applicant resulting in delays

Sections in gray need to be completed in consultation with the Environmental Health Officer (EHO)

A. Owners information

Type of ownership (select one):	☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Society ☐ Other: _____

Legal Owner *(e.g. Jane Doe or 123456 BC Ltd.)*:	**Common Name of Water System:**	
Owner Contact Name:	**Owner Contact Number:**	
Legal Owner Mailing Address:	**City:**	**Postal Code:**

B. Operator/Site Information

Operator information:

Person in charge (operator):		Phone/Fax:	
Position:	☐ Owner ☐ Manager ☐ Other: _____	Cell:	
Water system address:		Email:	
City/municipality:		Postal code:	

Mailing/Billing Information: ■ same as operator information

Mailing address:				Phone:	
City/municipality:		Prov.:		Cell:	
Postal code:				Owner Email:	

Directions to Water System (if in Remote Location):

C. Type of application

☐ New facility ☐ Owner change ☐ Months of operation change ☐ Data collection/data update
☐ Service change ☐ Name change ☐ Status change (closed/re-open)

Effective date:	**Comments:**

Have you operated a water supply system within the Northern Health Authority in the past: ☐ YES ☐ NO
If yes, state the name of the water system:

Will system operate: ☐ Year Round ☐ Seasonal

If seasonal, months of operation: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Incomplete applications will not be processed and will be returned to the applicant. Any questions should be directed to the Environmental Health Officer.

Assigned EHO: Received:	
Status: ☐ Permitted ☐ Pending ☐ Approved ☐ Denied	
Category (Include number of connections): ☐ WS 1 ☐ WS 2 ☐ WS 3 ☐ WS 4	

Signature of the Applicant:	Date:
Approved by EHO/DWO:	Date:

D. Water Systems Information
# of sources (include backup sources):
# of treatment plants (do not include point-of-use treatment):
# of storage locations (do not include pressure tanks):

Complete the following sections for each source, treatment plant, and storage location indicated above.

Does the treatment comply with **4-3-2-1-0** treatment objectives: ☐ Yes ☐ No ☐ Not Required

Required for surface water and groundwater at risk of containing pathogens as per the BC Drinking Water Treatment Objectives (Microbiological)

Subtype: ☐ Municipal ☐ Residential ☐ Water Hauler ☐ Workplace ☐ Mobile Camp ☐ Work Camp ☐ Licensed Care ☐ Educational ☐ Food ☐ Recreational ☐ Unknown

Governance: ☐ Water Users Community ☐ Strata ☐ Corporation ☐ Partnership ☐ Sole proprietorship (individual) ☐ Joint (good neighbour) ☐ Municipality ☐ Regional district ☐ Improvement district ☐ School District ☐ Other local government ☐ Health authority ☐ BC Hydro ☐ BC Parks ☐ BC Ferries ☐ Other provincial ☐ Federal crown corporation ☐ Aboriginal ☐ Other federal

Environmental Operators Certification Program Classification and Training					
Has the drinking water system been classified by EOCP: ☐ Yes ☐ No					
Water treatment classification:	☐ Level 1	☐ Level 2	☐ Level 3	☐ Level 4	☐ Small Water System
Water distribution classification:	☐ Level 1	☐ Level 2	☐ Level 3	☐ Level 4	☐ Small Water System
Is the operator certified for this level of classification: ☐ Yes ☐ No ☐ N/A (answered no to above) If yes, certified operator name: _____ EOCP #: _____ If no, why:					
For small water systems, list trained operator(s) and their training course(s):					
Operator(s):			Course(s):		

Number of Point of Use (POU) or treatment locations if applicable: _____

POU Treatment Description: _____

SOURCE (please select below)
If there is more than one source, this section will need to be completed for each source

Name: **Address/Location:** **City:**

Type: ☐ Lake ☐ Flowing ☐ Spring ☐ Shallow well ☐ Deep well ☐ Infiltration gallery ☐ Hauled from approved source ☐ Piped from approved source ☐ Dugout ☐ Surface runoff ☐ Rain ☐ Reclaimed water ☐ Other: _____

Status: ☐ Sole ☐ Primary ☐ Combined ☐ Demand ☐ Standby ☐ Seasonal ☐ Inactive

System Source Classification: ☐ GARP ☐ GARP-Virus only ☐ Low risk groundwater ☐ Surface Water ☐ Unknown

Source Assessment Completed: ☐ Yes ☐ No

Global Position (degree decimal): **Latitude:** North
Altitude: ☐ ft ☐ m **Longitude**: West

SOURCE (optional)
If there is more than one source, this section will need to be completed for each source

Name: **Address/Location:** **City:**

Type: ☐ Lake ☐ Flowing ☐ Spring ☐ Shallow well ☐ Deep well ☐ Infiltration gallery ☐ Hauled from approved source ☐ Piped from approved source ☐ Dugout ☐ Surface runoff ☐ Rain ☐ Reclaimed water ☐ Other: _____

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System Source Classification: ☐ GARP ☐ GARP-Virus only ☐ Low risk groundwater ☐ Surface Water ☐ Unknown

Source Assessment Completed: ☐ Yes ☐ No

Global Position (degree decimal): **Latitude:** North
Altitude: ☐ ft ☐ m **Longitude**: West

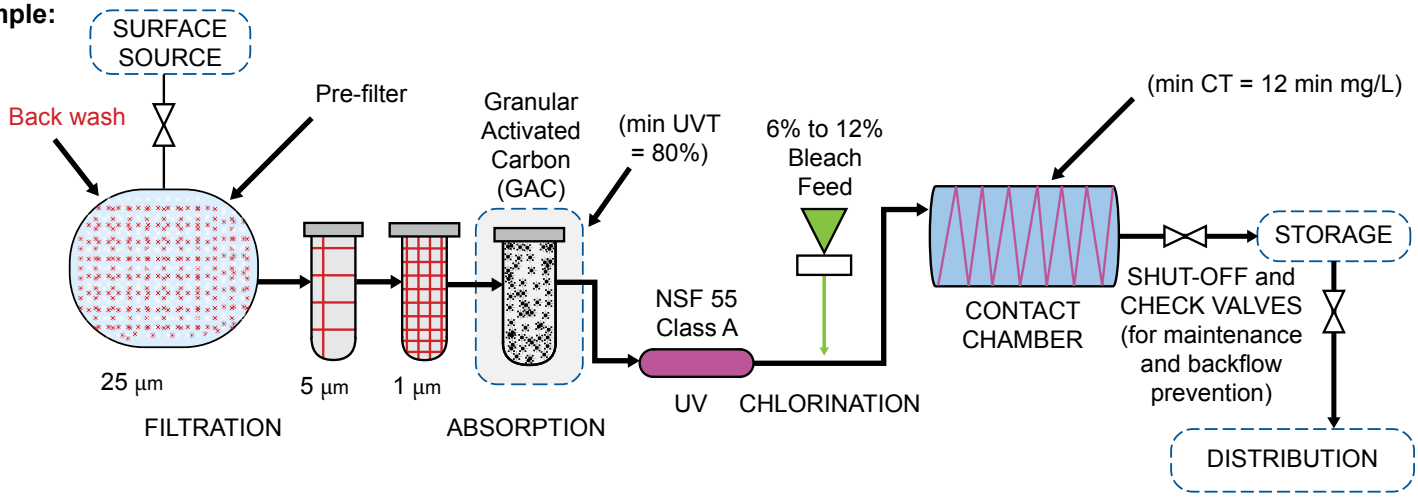
TREATMENT PLANT (please complete all relevant fields below)

Name: **Address/Location:** **City:**

Design Flow Rate:

Treatment Schematic Sketch Attached: ☐ Yes ☐ No

Example:



Filtration Type: ☐ Prefiltration ☐ Coagulation/Flocculation ☐ Slow Sand Filtration ☐ Rapid Sand Filtration
☐ Pressure Filtration ☐ Cartridge Filtration ☐ Microfiltration ☐ Ultrafiltration ☐ Nanofiltration
☐ Reverse Osmosis ☐ Setting/Clarifier ☐ Flotation ☐ Other ☐ None

Other Filtration:

Smallest Filter/Media Size (microns):

Chemical Removal Reason: ☐ AO CDWQG List Chemicals ☐ MAC/IMAC CDWQG List Chemicals
☐ Both AO and MAC/IMAC List Chemicals ☐ Other ☐ None

AO Aesthetic Objective (I)MAC (Interim) Max. Acceptable Concentration CDWQG Cdn. Drinking Water Quality Guidelines

Parameters of Concern:

Chemical Treatments Processes:

Primary Disinfection: ☐ Chloramination ☐ Chlorination ☐ Ozonation ☐ Chlorine Dioxide ☐ Ultraviolet ☐ None
☐ Other: _____

Secondary (Residual) Disinfection: ☐ Chloramination ☐ Chlorination ☐ None
☐ Other: _____

Automated Disinfection: ☐ Yes ☐ No **Monitored/Controlled:** ☐ Yes ☐ No

Global Position (degree decimal): **Latitude:** North
Altitude: ☐ ft ☐ m **Longitude**: West

DISTRIBUTION (please complete all relevant fields below)	
Name:	**City:**
Number of Connections:	**Maximum Population Served in 24 Hours:**
Total Length of Distribution Mains (km):	**Typical Population Served in 24 Hours:**
Cross Connection Control Program: ☐ Yes ☐ No	
Flushing Program: ☐ Yes ☐ No	
Residual Disinfection: ☐ Chlorination ☐ Chloramination ☐ None ☐ Other: _____	
Other Secondary Disinfection:	

Distribution Map Attached: ☐ Yes ☐ No

Example:

RESERVOIRS/STORAGE TANKS (please complete all relevant fields below) - If there is more than one storage this section will need to be completed for each storage component

Name: **Location:**

Type: ☐ Elevated Tank ☐ Ground Level ☐ Underground ☐ Uncovered

Construction Material: ☐ Concrete ☐ Fiberglass ☐ Aluminum ☐ Stainless Steel ☐ Epoxy Coated Steel ☐ Wood ☐ Other: _____

Construction Date: _____ **Volume:** _____ ☐ m^3 ☐ litres ☐ Imp ☐ gal ☐ US **Turnover Time:** _____ ☐ hours / ☐ days

Security: ☐ Covered ☐ Enclosed ☐ Hatch is sealed ☐ Hatch is locked ☐ Vents are screened ☐ Security Fencing ☐ Security Fencing ☐ Gate locked ☐ Alarmed

Mixing: ☐ Yes ☐ No **Water Level Indicator:** ☐ Yes ☐ No

Baffled: ☐ Yes ☐ No **Separate Inlet at Top:** ☐ Yes ☐ No **Separate Outlet at Bottom:** ☐ Yes ☐ No

Outflow By: ☐ Gravity ☐ Hydropneumatic or Air Pressure Pumping **Potable:** ☐ Yes ☐ No

Free Chlorine readout at outlet: ☐ Yes ☐ No **Reservoir Sampling Tap:** ☐ Yes ☐ No

Global Position (degree decimal): **Latitude:** North

Altitude: ☐ ft ☐ m **Longitude**: West

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Global Position (degree decimal): **Latitude:** North

Altitude: ☐ ft ☐ m **Longitude**: West

E. Sampling Information (To be completed with an Environmental Health Officer)

BACTERIOLOGICAL WATER SAMPLING SITES (complete one for each sampling location required)		
Sample Site Name:		
Sampling Site Physical Address:		
Site Source: ☐ Flowing Supply ☐ Lake/Reservoir ☐ Spring ☐ Deep Well ☐ Shallow Well ☐ Combined ☐ Other (cistern etc.)		
Source Type: ☐ Distribution System ☐ Raw Supply	**Treated Water:** ☐ Yes ☐ No	
Regular Sampler: ☐ Operator ☐ Water Sampling Assistant ☐ EHO **Sampler Name:**		
Sampler Mailing Address:		
City:	**Postal Code:**	**Email:**
Sampling Reason: ☐ Monitoring ☐ Audit ☐ Confirmation		
Sample Reportable under the Drinking Water Protection Act: ☐ Yes ☐ No		
Bacteriological Sampling Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly ☐ No Regular Sampling		
Sample During these Months: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec		
# of Bacteriological Samples Required per Month:		
Map of Sampling Locations attached or available in Healthspace: ☐ Yes ☐ No		
Report Email Distribution List:		
Global Position (degree decimal):	**Latitude:** North	
Altitude: ☐ ft ☐ m	**Longitude**: West	

WATER CHEMISTRY SAMPLING SITES (complete one for each sampling location required)		
Sample Site Name:		
Sampling Site Physical Address:		
Site Source: ☐ Flowing Supply ☐ Lake/Reservoir ☐ Spring ☐ Deep Well ☐ Shallow Well ☐ Combined ☐ Other (cistern etc.): _____		
Source Type: ☐ Distribution System ☐ Raw Supply	**Treated Water:** ☐ Yes ☐ No	
Regular Sampler: ☐ Operator ☐ Water Sampling Assistant ☐ EHO **Sampler Name:**		
Sampler Mailing Address:		
City:	**Postal Code:**	**Email:**
Sampling Reason: ☐ Monitoring ☐ Audit		
Sample Reportable under the Drinking Water Protection Act: ☐ Yes ☐ No		
Chemical Sampling Frequency: ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ No Regular Sampling		
Sample During these Months: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec		
Global Position (degree decimal):	**Latitude:** North	
Altitude: ☐ ft ☐ m	**Longitude**: West	

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Emergency Response Plan (ERP) submitted: ☐ No ☐ Yes If yes: (Date of Acceptance)
Is this a system that will be exempt under Section 3.1 of the DWPR: ☐ Yes ☐ No Exemption criteria: ☐ Non Potable ☐ Point of Entry (POE) ☐ Point of Use (POU)
Permit Conditions (to be completed by EHO):
Fee Status: ☐ *Normal* ☐ *Not Applicable*
Date Permit Issued: *Date Invoiced:*
Processed by: *Date:*