

Water Supply System Name	
Intended Date of Opening/ Change (dd/mm/yyyy)	
System Site Address	City
Do you have a Construction Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes, the Permit number is	
<p><b>Note: Construction permits</b> are required by the Drinking Water Protection Act and must be obtained before the construction, installation, alteration or extension of a water supply system. A construction permit will be issued if it is found to meet appropriate public health engineering standards for that type of system.</p> <p><b>Operating Permits</b> are required prior to operating as per the Drinking Water Protection Act. This applies to systems supplying water to more than one single residence.</p>	

**What are you applying for?**

<input type="checkbox"/> New water supply system	<input type="checkbox"/> System Extension
<input type="checkbox"/> Existing water supply system needing approval	<input type="checkbox"/> Change of name of the Legal Owner
<input type="checkbox"/> Replacement alteration work	<input type="checkbox"/> Change of the name of the water supply system
What was the previous name of the water system:	

**How can we contact you?**

Legal Owner Name		Legal Owner Phone	
<b>Type of Ownership</b>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private/Sole Proprietorship	
	<input type="checkbox"/> Society	<input type="checkbox"/> Corporation	
	<input type="checkbox"/> Strata		
Owner Contact		Owner Contact Phone	
Facilities Mailing Address		City	
Postal Code	Email	Fax	

**Water System Operator**

Name of Operator		Operator Phone	
Email	Fax		

**Billing Information**

Send invoice to: <input type="checkbox"/> Site Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing Address			
Billing Address			
City		Postal Code	
Billing Contact Name			Billing Phone
Billing Fax		Billing Email	
<i>This personal information collected is necessary for program operation per Section 26 of the Freedom of Information and Protection Privacy Act. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact your Health Protection Office.</i>			
<b>Payment for fees associated with this application will be collected by your local Health Protection Office once your application is approved.</b>			
Signature of Applicant			Date