

# Application for Water Hauler Operating Permit

**Complete all sections. Incomplete applications will 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

<b>Type of Ownership</b> <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society (select one): <input type="checkbox"/> Other: _____			
<b>Legal Owner</b> (e.g. Jane Doe or 123456 BC Ltd.): _____		<b>Common Name of Water System</b> (Tank name/number): _____	
<b>Owner Contact Name:</b> _____		<b>Owner Contact Number:</b> _____	
<b>Legal Owner Mailing Address:</b> _____		<b>City:</b> _____	<b>Postal Code:</b> _____

## B. Operator / Site Information (Base of operations)

<b>Operator (Driver) information:</b>		
Person in Charge (operator): _____		
Position: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____		
Phone: _____	Fax: _____	Cell: _____
Water System Address: _____		
City/Municipality: _____		Email: _____
<b>Mailing/Billing Information:</b> <input type="checkbox"/> same as operator information		
Mailing Address: _____		Postal code: _____
City/Municipality: _____		Prov.: _____
Owner Email: _____	Phone: _____	Cell: _____

**Directions to Water System** (if in remote location): \_\_\_\_\_

## C. Type of Application

<input type="checkbox"/> New facility	<input type="checkbox"/> Owner change	<input type="checkbox"/> Months of operation change	<input type="checkbox"/> Data collection/data update
<input type="checkbox"/> Service change	<input type="checkbox"/> Name change	<input type="checkbox"/> Status change (closed/re-open)	
<b>Effective Date:</b> (mm/dd/yyyy) _____		<b>Comments:</b> _____	
Have you operated a water supply system within the Northern Health Authority in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the name of the water system: _____			
Will System Operate: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal			
If seasonal, months of operation: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			

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

<b>Assigned EHO:</b> _____	<b>Received:</b> _____
<b>Status:</b> <input type="checkbox"/> Permitted <input type="checkbox"/> Denied	
<b>Category</b> (Include number of connections): <input type="checkbox"/> WS 4	

<b>Signature of the Applicant:</b> _____	<b>Approved by EHO/DWO:</b> _____	<b>Date:</b> (mm/dd/yyyy) _____
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## D. Water Systems Information

# of sources (include backup sources):

Does the water hauler haul only potable water: ☐ Yes ☐ No

Subtype: ☐ Water Hauler

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

## Water System Operator Training

For small water systems, list trained operator(s) and their training course(s):

Operator(s):

Course(s):

## Emergency Response and Contingency Plan Submitted

☐ Yes ☐ No

## Distribution

Service Area(s):

Maximum Population Served in 24 Hours:

Typical Population Served in 24 Hours:

## Storage Tanks

Tank name or number:

## Construction Material:

- ☐ Stainless steel ☐ Food grade plastic ☐ Aluminum (smooth finished) ☐ Other material meeting NSF61 standard: \_\_\_\_\_

## Unacceptable Materials:

- Non-coated steel
- Galvanized steel
- Rusted
- Cracked surface
- Tar bituminous
- Asbestos coatings
- Coatings not documented as food grade unless a food grade coating has been applied to all water contact surfaces

Construction Date:

(mm/dd/yyyy)

Volume:

☐ m<sup>3</sup> ☐ litres ☐ Imp ☐ gal ☐ US

Turnover Time:

☐ Hours ☐ Days

## Security:

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

Water Level Indicator:

☐ Yes ☐ No

Separate Inlet at Top:

☐ Yes ☐ No

Presence of drain at bottom of tank:

☐ Yes ☐ No

Outflow By:

☐ Gravity ☐ Hydropneumatic or Air Pressure Pumping

Cross connection control:

☐ Yes ☐ No

Free Chlorine readout at outlet: ☐ Yes ☐ No

Sampling Tap: ☐ Yes ☐ No

**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

**For Office Use Only**

**Emergency Response Plan (ERP) submitted:** ☐ Yes ☐ No **If yes: (Date of Acceptance):** (mm/dd/yyyy)

**Permit Conditions Attached (to be completed by EHO):** ☐ Yes ☐ No

**Date Permit Issued:** (mm/dd/yyyy) **NH Tank Identifier:**

**Processed by:** **Date:** (mm/dd/yyyy)