

Request to Waive Waterworks Construction Permit for V Hauled Water Source or Non-potable Use
Date _____

Facility name _____ Nearest community _____ Site sketch attached _____ Number of buildings (connections) _____ Maximum population served _____ Water uses _____	_____ <i>Yes or No</i> persons Specify: <i>potable</i> (human consumption) or <i>non-potable</i> (sanitation only)
Supplied by water hauler with valid operating permit from Northern Health _____ Supplied by on-site water source _____ On-site water treatment _____ If yes, describe treatment: _____	_____ <i>Yes or No</i> <i>Yes or No</i> <i>Yes or No</i> Specify: <i>softener, UV, RO, cartridge filter, activated carbon filter, none, ...</i>
Number of water storage tanks (cisterns) _____ Storage tank manufacturer _____ Storage tank model number _____ Storage tank capacity _____ Storage tank material _____ New, unused tank _____ If No, describe past use: _____	_____ Specify: <i>USG</i> (US gallons) or <i>L</i> (litres) Specify: <i>poly</i> (polyethylene), <i>SS</i> (stainless steel), <i>concrete, fibreglass</i> , etc. <i>Yes or No</i>
Pump motor (hp) _____ Pressure switch settings (psi) _____ Number of pressure tanks _____ Max capacity of pressure tanks _____ Plumbing (pipe) material _____	Specify: <i>½hp, ¾hp, 1hp, ...</i> Specify: <i>20/40, 30/50, 40/60, ...</i> Specify: <i>USG</i> (US gallons) or <i>L</i> (litres) Specify: <i>ABS, PVC, PEX, HDPE, copper, ...</i>
Estimated weekly water use _____ Water use log (diary) _____ Water meter _____ Free chlorine concentration log (diary) _____	Specify: <i>USG</i> (US gallons) or <i>L</i> (litres) <i>Yes or No</i> <i>Yes or No</i> <i>Yes or No</i>
Environmental Health Officer _____ EHO agrees with waiver? _____ Applicant name _____ Applicant phone(s) _____ Applicant e-mail(s) _____	Name of Northern Health EHO <i>Yes or No</i>

- Waiver approved
 Waiver denied

Review comments