

Water System Type	Sections not required
Water Haulers (trucks)	<p><i>Environmental Operators Certification Program Classification and Training</i> – not required</p> <p><i>Source</i> – Select “Hauled from an approved source”, enter name of approved source in “Name” (for example, Chetwynd Community Water System)</p> <p><i>Treatment Plant</i> not required – enter “No Treatment”</p> <p><i>Distribution</i> not required – enter “No Distribution”</p>
Hauled water systems (Cisterns)	<p><i>Treatment Plant</i> not required, enter “No Treatment”</p> <p><i>Source</i> – select “Hauled from an approved source”, other fields not required</p>
All others	N/A

1	Legal Owner	Name of legal entity responsible for supplying safe water. May be corporation. Not contractor
2	Operator/Site Information	<p>Person in Charge - operator, main on-site contact for Environmental Health Officer (EHO)</p> <p>Water System Address - physical location of water system, if no street address, use best description of location or km marker (i.e. Km 18.5 Sukunka FSR, or Mile 192 Alaska Hwy)</p>
3	Subtype	<p>Where water system serves more than one purpose, select what you consider the main purpose</p> <p>Municipal – City, town, village, regional district, municipality, water utility, strata greater than 200 homes</p> <p>Residential – Mobile home park, shared wells, strata less than 200 homes</p> <p>Water Hauler – Trucks, bulk fill station</p> <p>Workplace – Industrial, commercial, institutional, offices, factories, other businesses</p> <p>Work Camp – Forestry camps, drilling camps, temporary camps</p> <p>Licensed Care – Long-term care home, hospital</p> <p>Educational – Schools, day-cares</p> <p>Food – Food services, water bottlers, water dispenser, restaurants, cut & wrap</p> <p>Recreational – Seasonal camps, resorts, RV parks, hotel, B&B, community hall, church</p> <p>Non-potable – Showers and toilets, truck stop washrooms (exempt under s. 3.1 DWPA)</p>



4	Governance	Choose the applicable governance structure for the water system
5	Type (Source)	<p>Lake – includes natural ponds</p> <p>Flowing – includes rivers, streams, creeks</p> <p>Deep well – greater than 50 ft. (15m) to top of intake screen or uppermost fracture</p> <p>Shallow well – less than 50 ft. (15 m)</p> <p>Reclaimed water – treated wastewater, only for non-potable uses</p> <p>Infiltration Gallery – has horizontal perforated pipes beside or under a surface water body. Usually considered a surface water source, but could be GARP will if the streambed is not disturbed. If intake pipe is in open water, use Lake or Flowing</p> <p>Other – provide an explanation</p>
6	Source Status	<p>If there is only one source, the status is Sole. If more than one choose from the following for each source:</p> <p>Primary – main source</p> <p>Combined – multiple sources operating or alternating</p> <p>Demand – only used when demand is high</p> <p>Standby – only used when usual source(s) out of service</p> <p>Seasonal – only operators when water quality in usual source is poor due to seasonal conditions (i.e. spring run-off)</p> <p>Inactive – not used but may still have pump connected</p>
7	System Source Classification	To determine if Groundwater is At Risk of containing Pathogens (GARP) provide either a hydrogeology report or complete the GARP Screening tool named "Screening of Groundwater Sources" found on the Public Health Engineering page
8	Name (Treatment Plant)	Enter "No Treatment" if there is none
9	Design Flow Rate	Use UV rating in gpm. The operator or a design report may also have this information. If unknown, enter "Unknown"
10	Treatment Schematic Sketch Attached	If a treatment schematic has not been submitted previously then one is to be attached to the application.

<p><u>11</u></p>	<p>Filtration Type</p>	<p>Select all suspended solids filters applicable</p> <p>Pre-filtration – for coarse solids</p> <p>Coagulation/Flocculation – is chemical addition</p> <p>Slow Sand – is flow by gravity through biological layer</p> <p>Rapid Sand – is by gravity and includes multimedia granular filters</p> <p>Pressure filtration – is similar to a typical pool filter as opposed to gravity flow</p> <p>Cartridge filtration – uses 10 or 20 in plastic housings – for small water systems</p> <p>Microfiltration – ~0.1 µm</p> <p>Ultrafiltration – ~0.01 µm</p> <p>Nanofiltration – ~0.001 µm</p> <p>Reverse Osmosis (RO) – <0.001 µm</p> <p>Settling/Clarifier – part of a conventional filtration plant</p> <p>Flotation – used at a DAF plant in place of settling.</p> <p>Do NOT enter GAC here, it is chemical treatment</p>
<p><u>12</u></p>	<p>Smallest Filter/ Media Size</p>	<p>Specify “absolute” for cartridge filters validated for cyst removal; “nominal” otherwise. Cartridge and membrane filters are sized in microns. For media filters, enter the effective particle size.</p>
<p><u>13</u></p>	<p>Parameters of Concern</p>	<p>Examples – pH, hardness, Iron, Manganese, Organic Carbon, Arsenic, Lead</p>
<p><u>14</u></p>	<p>Chemical treatment process(es)</p>	<p>List all applicable chemical treatment processes. I.e. softener (cation exchange), activated carbon, RO, greensand-type filtration, stabilisation, oxidation, coagulation, sediment filtration, anion exchange, mixed-bed ion exchange, other (describe)</p>
<p><u>15</u></p>	<p>Primary disinfection</p>	<p>Select all applicable. Primary chlorination must achieve C·T value of 12 min·mg/L. Ultraviolet must meet NSF Class 55A to achieve primary disinfection.</p>
<p><u>16</u></p>	<p>Secondary (residual disinfection)</p>	<p>Usually chlorination or none. Usually specified as >0.2 ppm free available chlorine (FAC)</p>
<p><u>17</u></p>	<p>Name (Distribution)</p>	<p>If only one distribution system enter “Distribution System”</p>
<p><u>18</u></p>	<p>Number of connections (buildings)</p>	<p>Each residence or building is one connection (not each fixture within a building).</p>
<p><u>19</u></p>	<p>Maximum population in 24 hours</p>	<p>Use maximum population served in any 24-hr period during the year. For Food, maximum number of customers/day.</p>
<p><u>20</u></p>	<p>Typical population in 24 hours</p>	<p>Typical or average population is a more reasonable estimate of average population, based on operator judgement</p>

<u>21</u>	Total length of distribution (km)	Can be zero. Don't include service connection lines. Estimate or draw a map to scale. Can include decimals (i.e. 450m = 0.45km)
	Automated Monitoring	Disinfection residual
<u>22</u>	Cross connection control program	Cross connection program includes enforcement of an ordinance regulating cross connection (i.e. a by-law, code, or standard). Identify whether a cross connection control program is in place or is included in operating procedures.
<u>23</u>	Flushing program	EHO will assess whether a flushing program is in place or if it's included as part of regular operating procedures
<u>24</u>	Residual Disinfection	See #16
<u>25</u>	Distribution Map Attached	A distribution map is required to be on record. Include applicable components listed in the example
<u>26</u>	Name (Storage)	Enter "No Storage" if there is none
<u>27</u>	Construction Material	Select material of storage tank from list
<u>28</u>	Volume	Enter the volume for each storage tank, not the total of multiple tanks
<u>29</u>	Turnover Time	How many days or hours would the water last in the storage tank if the source was shut off?
<u>30</u>	Mixing	Interior of the tank includes mechanical or motorized components to ensure adequate mixing, prevent stagnation, and improve water quality consistency
<u>31</u>	Baffled	Interior of the tank includes rigid baffles to ensure adequate mixing, prevent stagnation, and improve water quality consistency
<u>32</u>	Potable	Is the water stored in this tanks safe to drink without additional treatment?

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):	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Society
	<input type="checkbox"/> Other: _____			

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

B. Operator/Site Information

Operator information:

Person in charge (operator):		Phone/Fax:	
Position:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> 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

<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)	

Effective date:	Comments:
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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: <input type="checkbox"/> Permitted <input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Category (Include number of connections): <input type="checkbox"/> WS 1 <input type="checkbox"/> WS 2 <input type="checkbox"/> WS 3 <input type="checkbox"/> 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)

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

4 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

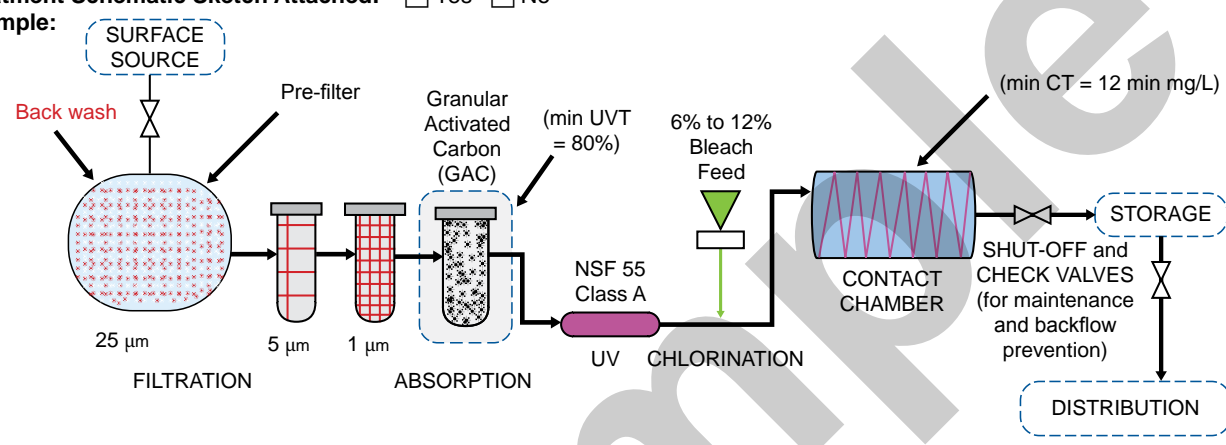
Name:	Address/Location:	City:
5 Type: <input type="checkbox"/> Lake <input type="checkbox"/> Flowing <input type="checkbox"/> Spring <input type="checkbox"/> Shallow well <input type="checkbox"/> Deep well <input type="checkbox"/> Infiltration gallery <input type="checkbox"/> Hauled from approved source <input type="checkbox"/> Piped from approved source <input type="checkbox"/> Dugout <input type="checkbox"/> Surface runoff <input type="checkbox"/> Rain <input type="checkbox"/> Reclaimed water <input type="checkbox"/> Other: _____		
6 Status: <input type="checkbox"/> Sole <input type="checkbox"/> Primary <input type="checkbox"/> Combined <input type="checkbox"/> Demand <input type="checkbox"/> Standby <input type="checkbox"/> Seasonal <input type="checkbox"/> Inactive		
7 System Source Classification: <input type="checkbox"/> GARP <input type="checkbox"/> GARP-Virus only <input type="checkbox"/> Low risk groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Unknown		
Source Assessment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Global Position (degree decimal): Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Latitude: North 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: <input type="checkbox"/> Lake <input type="checkbox"/> Flowing <input type="checkbox"/> Spring <input type="checkbox"/> Shallow well <input type="checkbox"/> Deep well <input type="checkbox"/> Infiltration gallery <input type="checkbox"/> Hauled from approved source <input type="checkbox"/> Piped from approved source <input type="checkbox"/> Dugout <input type="checkbox"/> Surface runoff <input type="checkbox"/> Rain <input type="checkbox"/> Reclaimed water <input type="checkbox"/> Other: _____		
Status: <input type="checkbox"/> Sole <input type="checkbox"/> Primary <input type="checkbox"/> Combined <input type="checkbox"/> Demand <input type="checkbox"/> Standby <input type="checkbox"/> Seasonal <input type="checkbox"/> Inactive		
System Source Classification: <input type="checkbox"/> GARP <input type="checkbox"/> GARP-Virus only <input type="checkbox"/> Low risk groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Unknown		
Source Assessment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Global Position (degree decimal): Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Latitude: North Longitude: West

TREATMENT PLANT (please complete all relevant fields below)

8	Name:	Address/Location:	City:
9	Design Flow Rate:		
10	Treatment Schematic Sketch Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
10	<p>Example:</p>  <p>The diagram shows a water treatment process starting from a SURFACE SOURCE. It includes a 25 µm FILTRATION stage with a back wash valve, followed by a Pre-filter (5 µm) and another Pre-filter (1 µm). The water then goes to Granular Activated Carbon (GAC) for ABSORPTION (min UVT = 80%), then through NSF 55 Class A UV CHLORINATION (6% to 12% Bleach Feed), and finally to a CONTACT CHAMBER (min CT = 12 min mg/L). The process concludes with SHUT-OFF and CHECK VALVES (for maintenance and backflow prevention) before STORAGE and DISTRIBUTION.</p>		
11	Filtration Type: <input type="checkbox"/> Prefiltration <input type="checkbox"/> Coagulation/Flocculation <input type="checkbox"/> Slow Sand Filtration <input type="checkbox"/> Rapid Sand Filtration <input type="checkbox"/> Pressure Filtration <input type="checkbox"/> Cartridge Filtration <input type="checkbox"/> Microfiltration <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Setting/Clarifier <input type="checkbox"/> Flotation <input type="checkbox"/> Other <input type="checkbox"/> None		
12	Other Filtration:		
13	Smallest Filter/Media Size (microns):		
14	Chemical Removal Reason: <input type="checkbox"/> AO CDWQG List Chemicals <input type="checkbox"/> MAC/IMAC CDWQG List Chemicals <input type="checkbox"/> Both AO and MAC/IMAC List Chemicals <input type="checkbox"/> Other <input type="checkbox"/> None <i>AO Aesthetic Objective (I)MAC (Interim) Max. Acceptable Concentration CDWQG Cdn. Drinking Water Quality Guidelines</i>		
15	Parameters of Concern:		
16	Chemical Treatments Processes:		
	Primary Disinfection: <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorination <input type="checkbox"/> Ozonation <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ultraviolet <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
	Secondary (Residual) Disinfection: <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorination <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
	Automated Disinfection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored/Controlled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Global Position (degree decimal): Altitude: <input type="checkbox"/> ft <input type="checkbox"/> m		Latitude: North Longitude: West

DISTRIBUTION (please complete all relevant fields below)

17	Name:	City:
18	Number of Connections:	19 Maximum Population Served in 24 Hours:
21	Total Length of Distribution Mains (km):	20 Typical Population Served in 24 Hours:
22	Cross Connection Control Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Flushing Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Residual Disinfection: <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
Other Secondary Disinfection:		

25 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

26	Name: _____	Location: _____
	Type: <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Ground Level <input type="checkbox"/> Underground <input type="checkbox"/> Uncovered	
27	Construction Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	
	Construction Date: _____	28 Volume: _____ <input type="checkbox"/> m ³ <input type="checkbox"/> litres <input type="checkbox"/> Imp <input type="checkbox"/> gal <input type="checkbox"/> US
		29 Turnover Time: _____ <input type="checkbox"/> hours / <input type="checkbox"/> days
	Security: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Hatch is sealed <input type="checkbox"/> Hatch is locked <input type="checkbox"/> Vents are screened <input type="checkbox"/> Security Fencing <input type="checkbox"/> Security Fencing <input type="checkbox"/> Gate locked <input type="checkbox"/> Alarmed	
30	Mixing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Level Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No
31	Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Inlet at Top: <input type="checkbox"/> Yes <input type="checkbox"/> No Separate Outlet at Bottom: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Outflow By: <input type="checkbox"/> Gravity <input type="checkbox"/> Hydropneumatic or Air Pressure Pumping 32 Potable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Free Chlorine readout at outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reservoir Sampling Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Global Position (degree decimal): Altitude: _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Latitude: North Longitude: West

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: <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Ground Level <input type="checkbox"/> Underground <input type="checkbox"/> Uncovered	
Construction Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	
Construction Date: _____	Volume: _____ <input type="checkbox"/> m ³ <input type="checkbox"/> litres <input type="checkbox"/> Imp <input type="checkbox"/> gal <input type="checkbox"/> US
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Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Inlet at Top: <input type="checkbox"/> Yes <input type="checkbox"/> No Separate Outlet at Bottom: <input type="checkbox"/> Yes <input type="checkbox"/> No
Outflow By: <input type="checkbox"/> Gravity <input type="checkbox"/> Hydropneumatic or Air Pressure Pumping Potable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Free Chlorine readout at outlet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reservoir Sampling Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Global Position (degree decimal): Altitude: _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Latitude: North Longitude: West