Health Protection

DRINKING WATER OPERATING PERMIT APPLICATION

Permit Fee:	Date Collected:		Sent to Finance:
$ ________	___/___/___ DD / MMM / YYYY	☐ Chq ☐ Cash	___/___/___ DD / MMM / YYYY

OWNER INFORMATION:

Type of Ownership (select one):	☐ Sole Proprietorship	☐ Partnership ☐ Corporation ☐ Society ☐ *Copy of Legal Documents Provided*

Legal Owner Name:

Doing Business As (DBA): — **HSDA:** ☐ 21 ☐ 22 ☐ 23

SITE ADDRESS		**BILLING ADDRESS** ☐ Same as Site Address	
Person In Charge/Operator:		Billing Contact Name (if different than Owner):	
Street Address:		Street Address:	
City/Municipality:	Postal Code:	City/Municipality:	Postal Code:
Telephone: ( )	Fax: ( )	Telephone: ( )	Fax: ( )
Cell: ( )	E-mail:	Cell: ( )	E-mail:
EMERGENCY CONTACT		**CERTIFIED OPERATOR INFORMATION** **EOCP Certification #**________	
Name:		Name:	
Street Address:		Street Address:	
City/Municipality:	Postal Code:	City/Municipality:	Postal Code:
Telephone: ( )	Fax: ( )	Telephone: ( )	Fax: ( )
Cell: ( )	E-mail:	Cell: ( )	E-mail:

If additional **Mailing Address is required, please attach information on a separate sheet*

TYPE OF APPLICATION:

☐ New Facility	☐ Owner Change	☐ Billing Address Change	☐ Fee Category Change
☐ Permit Corrections (please specify)	☐ Name Change	☐ Months of Operation Change	☐ Status Change

Effective Date: **Comments:**

TYPE OF SERVICE AND SYSTEM INFORMATION:

Number of Months Open Annually: ☐ **12 Months – OR –** *check ☑ below which months open*

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

# of Connections: — Maximum Population Served:

Water Supply: ☐ Surface Water ☐ Shallow Well ☐ Deep Well ☐ Combined

Water Treatment: ☐ Chlorine ☐ Ozone ☐ Ultra Violet Light ☐ Chloramines ☐ Other ________

GPS (Source Only): Latitude ____________ Longitude ____________

APPLICANT SIGNATURE:

Applicant Name (please print):	**Applicant Signature:**	**Date of Signature:**

PUBLIC HEALTH INSPECTOR – Complete this section

Facility Type: ☐ WS1A ☐ WS1B ☐ WS1C ☐ WS2 ☐ WS3 ☐ WS4 ☐ WS9		**Conditions:** ☐ No ☐ Yes (see attached)
Previous Name of Premises:		**Estimated Closing Date:**
PHI Name (please print):	**PHI Signature:**	**Approval Date** (DD / MMM / YYYY):