



WATER SYSTEM APPLICATION FOR WATER TRUCKS

PLEASE PRINT CLEARLY

SHADED AREAS TO BE COMPLETED BY DWO

Date of Application:		Date of Opening:		<input type="checkbox"/> New Premise <input type="checkbox"/> Owner Change <input type="checkbox"/> Other Change Details:
Legal Name of Business:				
Owner's Name				
Business Phone:		Cell:		
Home:	Fax:	Email:		
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Utility <input type="checkbox"/> Society <input type="checkbox"/> Other				
Common Name of "Your" Water Hauling Business (include Unit # of water truck):				
Physical Location Street Address, Municipality (City, Regional District, etc) Where you keep the truck				
Directions to Water System if Remote:				
Mailing Address:				
Contact Person (if different from owner)				Position:
Contact Person Phone:		Fax:	Cell:	
Contact person Email:				

Water System	Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Type: <input type="checkbox"/> Water Truck (Other, Hauled Water)	Category: WS4
More than one source for this water? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Conditions Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
List source(s) of hauled water:	Emergency Response Plan Status:
Will this Water Truck be used to haul potable water only? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needs Review
Supplies Water To: <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Accepted
Emergency Response Plan Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unaccepted
	Date of Acceptance: _____
	Date of Review: _____
	Date of Next Review: _____
EOCP/Water Safe Certified? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Certificate #
Note: Environmental Operators Certificate Program	Water System Certificate #:
	If No, expected date of certification:
Will system operate <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal	If Seasonal, list months of operation:

Signature of Applicant	Date:
Print Name:	
Approved by DWO/EHO:	Date:
Assigned EHO's name	Processed by (admin support)
Comments:	

Storage: Water Truck Tank		Type: Elevated Tank	Construction Date:
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			
Volume:		Turnover time:	
Security: <input type="checkbox"/> Hatch is sealed <input type="checkbox"/> Hatch is locked <input type="checkbox"/> Security Fencing <input type="checkbox"/> Gate locked <input type="checkbox"/> Alarmed			
Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation and Maintenance			
<input type="checkbox"/> Inspection Schedule		<input type="checkbox"/> Water Quality monitoring	<input type="checkbox"/> Security Checks
<input type="checkbox"/> Cleaning and Disinfection Schedule		<input type="checkbox"/> FAC Residual Monitoring	
Chlorine Test Kit			
Name of Kit:		Free Chlorine Range :	
Log Book kept on site: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Distribution: Water Truck		
Number of Connections:	Population Served:	Flushing Program: <input type="checkbox"/> Yes <input type="checkbox"/> No

List the mailing address where you wish to receive your water requisitions:

Water Sampling Sites: TO BE FILLED OUT BY EHO	
Site Name: Water Truck Hose	Site Address:
Site Source: Other/ Water Truck	
Source Type: Distribution	Treated Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Sampler: Water Operator	Sampler Name:
Sampler Address:	
Sampling Type: Bacteriological	Sampling Reason: Monitoring
Bacteriological Sampling Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Sampling Months: Jan Feb March April May June July August Sept Oct Nov Dec	
Sample Reports: <input type="checkbox"/> All <input type="checkbox"/> Positive Only <input type="checkbox"/> None Email:	

Water Sampling Sites: TO BE FILLED OUT BY EHO	
Site Name: Audit	Site Address:
Site Source: Other/ Water Truck	
Source Type: Distribution	Treated Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Sampler: EHO	Sampler Name:
Sampler Address:	
Sampling Type: Bacteriological	Sampling Reason: AUDIT
Bacteriological Sampling Frequency: No Regular Sampling	