

CONSTRUCTION PERMIT WAIVER REQUEST FORM

Pursuant to Drinking Water Protection Regulation - Section 6(3) (C)

Applicant: _____ Population Served: _____

Legal Owner: _____ Number of Connections: _____

Water System Name or Business Name: _____

SECTION A

Is this a New System? Yes _____ (If No, proceed to Section B)

NOTE: For this request, 'new' includes any system without a valid operating permit, including currently operating unapproved systems. Generally, a system is considered new only if an operating permit has never been required (i.e. new construction, systems previously serving a single-family home.)

If Yes, submit the following:

- Application for Drinking Water System
- Site plan showing water source(s), buildings, potential sources of contamination (septic systems, chemical storage, fuel storage, etc)
- Schematic of proposed construction
- Equipment manufacturer's information and certification
- Water test results - both chemical and bacteriological
- Water source and current treatment information (**SECTION C**)
- For groundwater, well log, well plate number, pump test, contact info for well driller/ pump installer
- For surface water, a copy of the water license, details of intake

SECTION B

Is this an Existing system? Yes _____ (If No, return to Section A or contact the Drinking Water Officer (DWO))

NOTE: Existing systems are only those with a valid operating permit issued to the current owner.

If Yes, provide the following details:

- A schematic or explanation of the proposed construction
- Equipment manufacturer's information and certification
- Water source and current treatment information (**SECTION C**)

For a **NEW** water source, submit water test results (chemical and bacteriological)

NOTE: A source may be NEW if it is not indicated on the operating permit- if in doubt, discuss with the DWO.

SECTION C

Water Source Information:

- Deep well
 Shallow well
 Flowing surface water
 Non-flowing surface water
 Spring
 Ocean
 Infiltration gallery
 Roof top harvest
 Hauled water: (hauler: _____)
 Bulk Water (system: _____)

Existing Disinfection:

- None
 chlorination
 chloramination
 ultraviolet irradiation
 ozone
 other: _____

Existing Treatment:

- | | | | | |
|---|---|--|--|---|
| | | | | NSF approved Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Rapid Sand Filtration | <input type="checkbox"/> Carbon Filtration | <input type="checkbox"/> Desalination | <input type="checkbox"/> Distillation | |
| <input type="checkbox"/> Slow Sand Filtration | <input type="checkbox"/> Cartridge/Bag Filtration | <input type="checkbox"/> Flocculation | <input type="checkbox"/> Zeolite sand | |
| <input type="checkbox"/> Electrodialysis Reversal | <input type="checkbox"/> Diatomaceous Earth | <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Pressure Filtration | |
| <input type="checkbox"/> Membrane Filtration (MF, UF, or NF) | | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> None | |
| <input type="checkbox"/> Ion Exchange (Fe/Mg removal, softening, etc) | | <input type="checkbox"/> Other: _____ | | |

Water System Name: _____

Brief Description of Proposed Construction: _____

I hereby request a construction permit waiver

Owners Name: _____ Signature: _____

Contact Phone Number: _____ Submission Date: _____

Mailing Address: _____

OFFICE USE ONLY:

Waiver recommended by Drinking Water Officer: Yes No

Comments:

DWO Signature

Date

Public Health Engineer Decision

Waiver Granted: No Yes - **Applicant to notify DWO upon completion of works.**

Comments:

PHE Signature

Date