



# DRINKING WATER OPERATING PERMIT APPLICATION

Health Protection

\$ 125.00

Permit Fee: \$ <u>104.17</u>	Date Collected: <u>26/10/15</u> <small>DD / MM / YY</small>	<input checked="" type="checkbox"/> Chq <input type="checkbox"/> Cash	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Sent to Billing: / / <small>DD / MM / YY</small>
---------------------------------	---	--	---	--

## OWNER INFORMATION:

Type of Ownership (select one):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Society
<input checked="" type="checkbox"/> Copy of Legal Documents Provided				
Legal Owner Name:	The Corporation of the City of White Rock			
Doing Business As (DBA):				HSDA: <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23
Site Address	Billing Address		<input checked="" type="checkbox"/> Same as Site Address	
Person In Charge/Operator: Greg St. Louis, P. Eng.	Billing Contact Name (if different than Owner):			
Street Address: 15322 Buena Vista Avenue	Street Address:			
City/Municipality: White Rock	Postal Code: V4B 1Y6	City/Municipality:	Postal Code:	
Telephone: (604) 541-2184	Fax: (604) 541-2190	Telephone: ( )	Fax: ( )	
Cell: (604) 787-3962	E-mail: GStLouis@whiterockcity.ca	Cell: ( )	E-mail:	
Emergency Contact	Certified Operator Information		EOCP Certification # <u>9015</u>	
Name: John Foster	Name: Giancarlo (John) Foster			
Street Address: 15322 Buena Vista Avenue	Street Address: 15322 Buena Vista Avenue			
City/Municipality: White Rock	Postal Code: V4B 1Y6	City/Municipality: White Rock	Postal Code: V4B 1Y6	
Telephone: (604) 541-2100	Fax: (604) 541-2190	Telephone: (604) 541-2100	Fax: (604) 541-2190	
Cell: ( )	E-mail: JFoster@whiterockcity.ca	Cell: ( )	E-mail: JFoster@whiterockcity.ca	

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

## TYPE OF APPLICATION:

<input type="checkbox"/> New Facility	<input checked="" type="checkbox"/> Owner Change	<input type="checkbox"/> Billing Address Change	<input type="checkbox"/> Fee Category Change
<input type="checkbox"/> Permit Corrections (please specify)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Months of Operation Change	<input type="checkbox"/> Status Change
Effective Date: <u>October 30, 2015</u>	Comments:		

## TYPE OF SERVICE AND SYSTEM INFORMATION:

Number of Months Open Annually:	<input checked="" type="checkbox"/> 12 Months - OR - check <input checked="" type="checkbox"/> below which months open		
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
# of Connections: <u>4,000</u>	Maximum Population Served: <u>21,000</u>		
Water Supply:	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Shallow Well	<input checked="" type="checkbox"/> Deep Well
	<input type="checkbox"/> Combined		
Water Treatment:	<input checked="" type="checkbox"/> Chlorine	<input type="checkbox"/> Ozone	<input type="checkbox"/> Ultra Violet Light
	<input checked="" type="checkbox"/> Chloramines	<input type="checkbox"/> Other _____	
GPS (Source Only):	Latitude <u>49d 01' 42" N</u>	Longitude <u>122d 48' 42" W</u>	

## APPLICANT SIGNATURE:

Applicant Name (please print): Greg St. Louis, P. Eng.	Applicant Signature: 	Date of Signature: <u>Oct. 20, 2015</u>
---	--------------------------	--

## ENVIRONMENTAL HEALTH OFFICER - Complete this section

Facility Type: <input checked="" type="checkbox"/> WS1A	<input type="checkbox"/> WS1B	<input type="checkbox"/> WS1C	<input type="checkbox"/> WS2	<input type="checkbox"/> WS3	<input type="checkbox"/> WS4	<input type="checkbox"/> WS9	Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (see attached)
Previous Name of Premises: EPCOR - City of White Rock	Estimated Closing Date: <u>October 29, 2015</u>						
EHO Name (please print): Lloyd Struck	EHO Signature: 			Approval Date (DD / MMM / YYYY): <u>October 26, 2015</u>			