

	APPLICATION FOR INITIAL PERMIT	Reference:	DOH-RO1-EOH-FORM2-REV 1
	WATER REFILLING STATION (With Level I & II Water Source)	No. of Pages	Page 1 of 1
		Effectivity Date:	January 15, 2018

NAME OF OWNER (Full name)	DATE:
OWNER'S MAILING ADDRESS (No., Street, City/Municipality, Province)	CONTACT NUMBERS:

NAME OF WATER REFILLING STATION

LOCATION ADDRESS (No., Street, City/Municipality, Province)

WATER SOURCE SUPPLY: _____ Dug Well _____ Deep Well Others (Specify) _____ Spring _____ Shallow Well _____
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As provided in the Implementing Rules and Regulations and/or Supplemental Implementing Rules and Regulations of Chapter II - "Water supply" of the Code on Sanitation of the Philippines (P.D. 856) the following supporting documents should also be submitted together with this application. (Please see attached guidelines/specifications):

_____ **1. Drinking Water Site Clearance (Duly signed by the Rural Sanitation Officer and the Local Health officer concerned.**

_____ **2. Two (2) sets of Sanitary Engineering Report/Feasibility Study of the proposed Water Supply System and/or Water Refilling Station, which must be originally signed and sealed by a privately practicing Sanitary Engineer and also be signed by the owner.**

- I. Background/Introduction of the Project
- II. Statement of the Problems
- III. Present, Future Areas Served with Population Data
- IV. Water Supply Source Quantity and Quality, Basic Design, Data and Pumping Capacity
- V. Water Purification Process, Complete Water Supply System and Process Flow
- VI. Maintenance Procedures/Hazard Analysis Critical Control Point (HACCP)
- VII. Water Storage and Delivery System

_____ **3. Photocopy of Sanitary Engineers' PRC ID and PTR.**

_____ **4. Two (2) sets of Plans and specifications of the proposed water supply system/water refilling station. This plan must be drawn on a 20x30 inch drawing paper which must be signed and sealed by a privately practicing Sanitary Engineer and also be signed by the owner.**

- I. Floor Plan and Water Layout
- II. Process Flow Diagram
- III. Vicinity Map of the water refilling station
- IV. Source Details
- V. Isometric Diagram

Owner (Signature over Printed Name): _____ Date:	Received by: (For DOH receiving staff only) _____ Date:
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