



Making a difference...together

Integrated Water Services, Watershed Protection Division
EXTERNAL APPLICANT ACCESS
AND SPECIAL USE REQUEST
GREATER VICTORIA WATER SUPPLY AREA

Application No. _____

Please Fill Out All Applicable Sections.

Primary Contact

Applicant's Name: _____ Name of Agency:* _____

Applicant's Title: _____ Phone: _____

Applicant's Supervisor: _____ Phone: _____

Agency Street Address: _____

City/Prov: _____ P. Code: _____

Agency Email: _____ Agency Fax: _____

Other Agency Numbers (cell, pager): _____

Agency Emergency Contact: Name: _____ Phone: _____

Note: If Applicant is representing a group or work crew that will be using a single vehicle and working in the same location at all times, only one full application form is required. Provide contact information for all of the other workers in the crew on an Additional Applicants Access Request form. Orientation is required for the entire group.

* If Applicant is not representing a group or agency, indicate 'Individual'.

Personal Contact Information (See Privacy Statement below.)

Home Address: Street: _____

City: _____ Prov. _____ P. Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Other: _____

Personal Emergency Contact: Name: _____ Phone: _____

Privacy Statement

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the security of infrastructure and personnel within the Greater Victoria Water Supply Area. Enquiries about the collection or use of information in this form can be directed to the Manager of Wildfire, Security and Emergency Response at 250-391-3566. The form may be shared with the Regional Water Supply Commission with some personal identifiers redacted.

Project / Purpose / Proposed Activity

Project Name / Purpose of Application (please provide supporting documents)/Proposed Activity:

Note: Research Applications must be coordinated through the Watershed Protection Division. Please attach a copy of the research proposal and or work plan

Placer Miner Application - Attach claim location map and Claim Number: _____

Sponsoring Integrated Water Services (IWS) Division or other CRD Department (check one):

[] Infrastructure Operations [] Infrastructure Engineering [] Watershed Protection

[] Water Quality [] Other CRD Department: _____

[] No CRD Sponsor

Name of Water Services Access Sponsor (Division Representative): _____

Name of Water Supply Area Co-Sponsor (Project Manager): _____ (If Required)

Vehicle, Equipment and Transporting Dangerous Materials Information

Vehicle Make: _____ Model: _____ Colour: _____

Vehicle Marking (Logo etc.): _____ License Plate Number: _____

Transporting Other Equipment (i.e. Heavy Equipment, Boat)? Yes No

If yes, what is it? _____

Transporting Fuel, Lubricants⁽¹⁾, Chemicals or other Hazardous or Dangerous Material? Yes NoIf yes⁽²⁾, what is it and how much? _____Transporting Dangerous Goods Certification Required? Yes No

Transporting Dangerous Goods Certification Number : _____

⁽¹⁾ Over and above that normally found in the vehicle or piece of equipment. ⁽²⁾ Please attach MSDS for each product.

Access Requirements To be filled out in consultation with Sponsor

Location of Work or Activity (be specific and note all locations): _____

Access Dates: From: _____ To: _____

 Monday to Friday Times: _____ Weekend Times: _____ Statutory Holidays Which ones? _____ Times: _____

Equipment Requirements To be filled out in consultation with Sponsor

The following equipment is required; please indicate if you are requesting a loan.

VHF Radio - CRD Water Frequencies ⁽¹⁾ Loan Requested? Yes NoEmergency Spill Kit Loan Requested? Yes NoWildfire Equipment Loan Requested? Yes No⁽¹⁾ If requesting approval to program personal radio to CRD Water Frequencies, please provide the following information:

Industry Canada File and License Number: _____

On Site Safety Considerations

Applicable Safety Plan provided? (details) _____

First Aid certif. / equip. to be provided: _____

Insurance

Proof of Insurance Provided:

Vehicle: Yes No Firefighting (April 1 – October 31) Yes NoGeneral Liability Yes No

Permission to Transit Adjacent Private PropertyPermission Granted: Yes No N/A Written Permission Attached: Yes No

Note: By signing here the Applicant declares (and declares on behalf of group applicants), that the information provided is true and accurate.

Applicant's Signature: _____ **Date:** _____**IWS Sponsor Signature:** _____ **Date:** _____**WSA Co-Sponsor:** _____ **Date:** _____

(If Required)

For Internal CRD Use Only

Initial Risk Review

- Contaminants (Hazardous material amounts, boat, heavy equipment) _____
- Pathogens (Sani facilities, animals) _____
- Wildfire (Blasting, grinding, welding) _____
- Sediments / Nutrients _____
- Cultural / Environmental _____
- Safety (Training & Equip., Appropriate Plan / Procedures) _____

Initial Comments: _____

Conditions and Restrictions: _____

- Risk Mgmt. Plan _____

Assessed Overall Risk to Water Quality or Other Values

Comments: _____

- Low
- Medium¹
- High ¹

¹ Any application deemed a Medium or High Risk must be reviewed by the Senior Manager, Watershed Protection or Access Review Committee. Attach rationale for Medium or High Risk designation and recommendations on course of action.

Fire Danger Rating

Expected fire danger rating during access dates Very Low Low Moderate High Extreme

Inspections

Does the applicant require inspections or other action upon entry?

- No
 - Yes
- Provide Details: _____

Insurance

Proof of Insurance Provided:

- Vehicle: Yes No
- Firefighting (April 1 – October 31) Yes No
- General Liability Yes No

Security Chargehand Comments

Previous Issues / Application Checks _____

Initial Determination

- Recommend approval of the application
 - Do not recommend approval of the application (be specific): _____
 - Recommend approval of the application with requirements / restrictions as above and in addition: _____
 - Refer to Sr. Manager, or ARC (Medium or High Risk) _____
- Results of Further Risk Review: _____

CRD Signatures

Security Chargehand, Watershed Protection

Date

Manager, Wildfire, Security & Emergency Response

Date

(If Required)

Senior Manager, Sponsoring IWS Division (or Water Supply Area Co-Sponsor)

Date

(If Required)

Senior Manager, Watershed Protection Division

Date

Approval for Access and Special Use Provided by Regional Water Supply Commission

Yes Date: _____ No, not required

General Manager, Integrated Water Services

Date

Access Times and Keys

Annual (Expires Jan 31) Date From: _____ Date To: _____
 7am – 4:30pm 24/7 Monday to Friday Weekends Statutory Holidays

Autogate Access: Goldstream Sooke

Gate Key Requirements: (refer to Water Supply Area Access Control Maps)

Gates: Specify: _____
 Facilities: Specify: _____

Refundable Key Deposit

Contract Holdback (none) Other (\$500)

Radio Frequencies

Permission to Program File Number Checked Licence Number Checked
 Ongoing Long Term (> 1 year) Short Term Expiry: _____

Orientation and Key Loans

Key Deposit Paid Orientation Complete Date: _____
 Photo ID Card Autogate Active Dashboard ID Card
 Key(s) issued / No(s): _____ Access Info. Folder
Return Date: _____ Security Chargehand or Alternate (Initials): _____

Applicant Declaration

By signing here the Applicant confirms completion of orientation; declares that they are going to an approved worksite(s) within the GVWSA to carry out work authorized by the CRD IWS or its representatives; understands and agrees to adhere to applicable Bylaws, policies and procedures; are not currently ill with a known waterborne communicable disease; will use the sanitary facilities provided, and; will follow the instructions of CRD IWS personnel when required.
The Applicant confirms equipment loans as listed above and understands that any keys or equipment issued remain the property of CRD IWS. The applicant declares (and declares on behalf of their group or work crew as required), that the keys or equipment will be surrendered upon notice, that **keys must not be copied or loaned to others** and that they will return keys and equipment on the due date or make arrangements for the renewal of borrowing privileges.

Applicant

Date

Routing

Applicant / Water Services Access Sponsor Security Chargehand, Watershed Protection
 Manager Wildfire, Security and Emergency Response Senior Manager WP (and ARC - If Required)
 If Required, Sr. Manager, Sponsor Div. / WSA Co-Sponsor If Required, General Manager

Data Entry Date: _____

Initials: _____