

**To: The Director of Water Supplies
47/F Immigration Tower
7 Gloucester Road
Wan Chai
Hong Kong**

Quality Water Supply Scheme for Buildings – Flushing Water

Please checking ONE of the boxes listed below

- New Application¹ Form** (validity of Certificate² being 1 year)
- Renewal Application Form** (within 3 months before or after expiry, validity of Certificate² being 2 years)

I/We* apply for acceptance to the Quality Water Supply Scheme for Buildings – Flushing Water (referred to as the “Scheme” below). I/We* confirm that the source of the flushing water supply of the buildings under this application is *(please indicate the flushing water supply source by checking ONE of the boxes listed below)*:

- Sea (Salt) water supplied by the Water Authority
- Temporary mains fresh water for flushing supplied by the Water Authority
- Sea (Salt) water supplied by own private source
- Well water supplied by own private source
- Others, please specify: _____

A. Type of Building(s)

Please indicate the type of building(s) applying to join the Scheme by checking ONE of the boxes below:

- Hotels – Licence no.: _____
- Restaurants – Licence no.: _____
- Buildings (residential) – Total no. of residential flats: _____
- Buildings (commercial or combined commercial and residential) – Total no. of residential flats: _____

¹ Renewal application beyond 3 months after the expiry of the latest certificate will be treated as a new application.

² Certificates are awarded to buildings according to the following criteria:

- Blue Certificates: New participation or continuous participation of less than 3 years (any lapse between 2 certificates for less than 3 months will be treated as continuous participation)
- Silver Certificates: Continuous participation of 3 years or more but less than 5 years
- Gold Certificates: Continuous participation of 5 years or more

- Government Buildings – Total no. of flats: _____
- Others (please specify): _____

B. Particulars of the Applicant

Name of Owner / Owners' Corporation (If applicable, Registration Certificate No.: _____) / Owners' Committee / Operator / Government Department / Others*:

Correspondence address:

Name of contact person: _____

Post / Title of contact person: _____

Contact tel. no. / fax no.: _____

Contact e-mail address: _____

I/We* wish to receive future correspondence relating to the Scheme by e-mail / fax / mail*

C. Name(s), Age(s) and Address(es) of the Building(s) / Hotel(s) / Restaurant(s) to be included in the application (please use additional sheets if necessary)

Name(s): _____

Age(s): _____

Address(es): _____

D. Preferred Format of the Scheme Certificate(s)

Please indicate the preferred format of the Scheme certificate(s) by checking **ONE** of the boxes listed below:

- One certificate for each building / hotel / restaurant
- One certificate for the whole estate / development / phase* and this application covers all blocks therein. The preferred name is:

E. Documents to be included in the application

The application shall be submitted together with the completed checklists on flushing water tank cleansing and plumbing inspection i.e. **Annex I to Form C -** (i) 2 past records of cleansing flushing water tanks (Part C) and (ii) 3 past records of plumbing inspection related to flushing water supply (Part D and Table 1)

F. Declaration of Complaints on Flushing Water Supply

(This Scheme would accept cases involving complaints on flushing water supply before application if the applicant demonstrates, by the information given below, to have taken appropriate resolution to the complaints within a reasonable time.)

1. Any complaints on flushing water supply in the past 12 months?
Yes / No*, number of complaints: _____
2. Nature of complaints: _____

3. Average handling time: _____
4. Remedial actions taken: _____

5. All complaints cleared? Yes / No*

Outstanding Complaints

<i>Nature</i>	<i>Number of cases</i>

G. Terms and Conditions

1. I/We* declare that all the information and supporting documents provided for the purpose of this application are true, accurate and complete.
2. I/We* have properly maintained the plumbing system of flushing supply throughout the inside service up to the household.
3. I/We* shall ensure that all my/our staff are fully aware of and observe the assessment criteria of the Scheme at all times during the validity period of the Certificate.
4. I/We* shall co-operate with the Water Supplies Department (WSD) for checking the compliance of the prescribed criteria of the Scheme if considered necessary by WSD.
5. I/We* agree that none of the members of WSD or the Advisory Committee on Water Resources and Quality of Water Supplies (ACRQWS) shall have any responsibility or liability whatsoever in relation to any dealings between the Scheme Certificate holder and the holder’s customers arising from the

Scheme.

6. I/We* shall not behave in a manner which may jeopardize or damage the reputation or interests of the Government of the HKSAR, WSD and the ACRQWS.
7. I/We* abide by that the Certificate remains the property of WSD and shall return the Certificate when required by the WSD.
8. I/We* shall not transfer the Certificates to other persons or organizations without the permission of WSD.
9. I/We* agree to abide by the Terms and Conditions of the Scheme.

Applicant

Authorized signature: _____ Date: _____

Name & title: _____ Company chop: _____

Management contract valid till date: _____

H. Supported by Owner / Owners' Corporation / Owners' Committee / Government Departments

(To be completed for application submitted by applicants other than Owner / Owners' Corporation / Owners' Committee / Government Department)

1. I/We* support that the applicant has adequate capacity and has committed to performing and observing the Terms and Conditions as specified under Part G of this form.
2. I/We* understand that if there is a change in building management company the Certificate of the Scheme will expire on that day. For the Certificate to remain valid, I/We* shall instruct the new company to submit an "Undertaking Form for Incoming Building Management Company" (Form D – downloadable from www.wsd.gov.hk) within 1 month and to continue to perform and observe all the requirements of and the Terms and Conditions of the Scheme).

Authorized signature: _____ Date: _____

Name & title: _____ Chop: _____

Names of Owner / Owners' Corporation / Owners' Committee / Government
Department*:

Correspondence address: _____

** please delete whichever not applicable.*