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 o	checking ONE of the boxes listed below
□ Ne	ew Application <sup>1</sup> Form (validity of Certificate <sup>2</sup> being 1 year)
☐ Re	enewal Application Form (within 3 months before or after expiry, validity of Certificate
beir	ng 2 years)
Flushing of the the fluid Section Sect	apply for acceptance to the Quality Water Supply Scheme for Buildings— sing Water (referred to as the "Scheme" below). I/We* confirm that the source flushing water supply of the buildings under this application is (please indicate ashing water supply source by checking ONE of the boxes listed below): ea (Salt) water supplied by the Water Authority femporary mains fresh water for flushing supplied by the Water Authority ea (Salt) water supplied by own private source Well water supplied by own private source Others, please specify:
$P_{i}$	Sype 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:

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

<sup>&</sup>lt;sup>2</sup> Certificates are awarded to buildings according to the following criteria:

<sup>•</sup> 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)

<sup>•</sup> Silver Certificates: Continuous participation of 3 years or more but less than 5 years

<sup>•</sup> Gold Certificates: Continuous participation of 5 years or more

	Government Buildings – Total no. of flats:  Others (please specify):
	Others (piease specify).
В.	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
	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):
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):
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):
	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):  Preferred Format of the Scheme Certificate(s)
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):
	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):  Preferred Format of the Scheme Certificate(s)  Please indicate the preferred format of the Scheme certificate(s) by checking

## 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.)

Any complaints on flushing water supply in the past 12 months?						
Yes / No*, number of complai	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						
Nature	Number of cases					

## 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 d	ate:
Government Department (To be completed for apple Owners' Corporation / Own  1. I/We* support that the aperforming and observing of this form.  2. I/We* understand that if the Certificate of the Soremain valid, I/We* "Undertaking Form for downloadable from	Owners' Corporation / Owners' Committee / s  ication submitted by applicants other than Owner / ers' Committee / Government Department) applicant has adequate capacity and has committed to ng the Terms and Conditions as specified under Part G  if there is a change in building management company cheme will expire on that day. For the Certificate to shall instruct the new company to submit an Incoming Building Management Company" (Form D www.wsd.gov.hk) within 1 month and to continue to If the requirements of and the Terms and Conditions of
Authorized signature:	Date:
Name & title:	Chop:
Names of Owner / Owners' Department*:	Corporation / Owners' Committee / Government

Correspondence address:			

<sup>\*</sup> please delete whichever not applicable.