



Office: (250) 765-5169  
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 www.bmid.ca

BMID File No. \_\_\_\_\_

## PROJECT TRACKING FORM

Legal Description

Street Address

Owner

Consultant or Owners Rep.

Project Description (no. of units / lots)      (Rezoning / stratification/ subdivision)

Applicable - (☑)		Completed - - (☑)
<input type="checkbox"/>	BMID Letter of Requirements      Issuance Date	<input type="checkbox"/>
<input type="checkbox"/>	Pre-Design Report      Submission date/review date	<input type="checkbox"/>
<input type="checkbox"/>	Water Metering Req'ts      Advised of	<input type="checkbox"/>
<input type="checkbox"/>	FUS Calculation by Consultant      Rec'd Date      Requires Engineers Seal	<input type="checkbox"/>
<input type="checkbox"/>	Fire Flow Check (model)      Issued by BMID	<input type="checkbox"/>
<input type="checkbox"/>	Initial Drawing Submission      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	IHA Approval      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	City Approved Drawings      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	Bonding / Eng. Estimate      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	CEC Invoiced      (Date, amount)	<input type="checkbox"/>
<input type="checkbox"/>	"BMID Application for Subdivision" form      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	"BMID Application for Building" form      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	Water Certificate Issued      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	Construction Start Date      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	Pressure Test Documentation      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	Disinfection documentation      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	CEC Paid      (Date)	<input type="checkbox"/>
<input type="checkbox"/>	Substantial Completion Date      (Date water turned on)	<input type="checkbox"/>
<input type="checkbox"/>	Warranty Period Start Date      (Start/End Date)      Bonding in Place	<input type="checkbox"/>
<input type="checkbox"/>	New Fire Hydrant Data Sheet Issued      (Issuance Date)	<input type="checkbox"/>
<input type="checkbox"/>	Fire Hydrant Information to BMID      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	Record Drawing Submission      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	O & M Manuals      (Rec'd Date)	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	Special Requirements (latecomers, special charges, etc...)	<input type="checkbox"/>

Contact Names / Nos