

**APPLICATION TO WORK IN PUBLIC SEWERAGE SYSTEM
[FORM B/QP]**

Date: 19/12/2016

To: PUB

Director
Water Reclamation (Network) Department
Public Utilities Board
82, Toh Guan Road East, #03-08
Singapore 608576

Instructions

This form, with all the required attachments, shall be submitted to PUB for approval no later than 14 days prior to commencement of work. Any incomplete form will be rejected.

This form is to be digitally signed and submitted by the following person:

- (a) For projects registered with BCA, the QP shall make the submission through CORENET e-submission.*
- (b) For projects that are not registered with BCA, the Plumber or the Contractor responsible for the projects shall make the submission.*

The form shall be submitted through CORENET e-Submission if the Plumber / Contractor possess a CORENET account. Otherwise, the form shall be submitted through E-Form [here](#)

If any man-entry into the sewer manholes is required, the QP or Plumber / Contractor shall ensure that all requirements as stated in the Workplace Safety and Health (WSH) (Confined Spaces) Regulations are fully complied with.

Incident Reporting

In the event of any used water overflow, damage to the sewers or injury to any person while carrying out the works, the contractor shall inform Water Reclamation (Network) Department immediately with all the details via the PUB's 24-hr Call Centre PUB-One at 1800-2255782.

Particulars of Project	
Project Reference Number	<input type="text"/>
Project Title	<input type="text"/>
Location Description [Include Lot/Plot, MK/TS, House No, Building Address and Road information]	<input type="text"/>
Particulars of Application	
Nature/Details of Works	<input type="text"/>
WRN Ref No. (For Form E or F)	<input type="text"/>
Obtained DC Clearance	<input type="text" value="Please Select"/>
Date of DC Clearance issued	<input type="text"/>
Obtained BP Clearance	<input type="text" value="Please Select"/>
Date of BP Clearance issued	<input type="text"/>
Proposed Period of Work (indicate date and time)	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>
1st Extension	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>
2nd Extension	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>

Section I Particulars of Qualified Person**Including Professional Engineer/Architect**

Name	<input type="text" value="Please Select"/>
Role In Project	<input type="text"/>
Registration No	<input type="text"/>
Company Name	<input type="text"/>
Office Address	<input type="text"/>
Contact No	<input type="text"/>
Email Address	<input type="text"/>

Section II Particulars of Plumber

Name	<input type="text" value="Please Select"/>
Designation	<input type="text"/>
Company Name	<input type="text"/>
Office Address	<input type="text"/>
Contact No.	<input type="text"/>
Email Address	<input type="text"/>

Section III Particulars of Contractor**Including CCTV contractor if it is CCTV inspection work**

Name	<input type="text" value="Please Select"/>
Designation	<input type="text"/>
Company Name	<input type="text"/>
Office Address	<input type="text"/>
Contact No.	<input type="text"/>
Email Address	<input type="text"/>

Section IV Particulars of Authorised Manager***(APPLICABLE FOR MAN-ENTRY CONFINED SPACE WORKS)***

Authorised Manager Name	<input type="text"/>
MOM's Certificate Ref. No.	<input type="text"/>
Contact No	<input type="text"/>
Email Address	<input type="text"/>

Confirmation by Applicant

I, , have read and fully understood the following Acts and its Regulations, and shall ensure that they are fully complied with.

- Sewerage and Drainage Act (PUB)
- Workplace Safety and Health Act (MOM)
- Street Works Act (LTA)
- Environmental Protection and Management Act (NEA)
- Any other legislations which are in force and applicable to the works

Attachments Required

Certificate of Registration of a Factory for the above project(where applicable).	<input type="checkbox"/>
Sewerage Interpretation Plan (SIP) showing the highlighted proposed point of sewer connection and approved plan, and/or sections of sewers to be inspected.	<input type="checkbox"/>
Activity-Based Risk Assessment Form.	<input type="checkbox"/>
Certificate of Confined Space Safety Assessors Course / Manhole Safety Assessor Course of the competent person deployed at work site.	<input type="checkbox"/>
Method statement for the works.	<input type="checkbox"/>