

Date: 30 Nov 2016

Dear Sir/ Madam

Introduction of New Online Submission System for Licensed Plumbers

To better serve you, Licensed Plumbers (LPs) can now e-submit the following submissions via PUB's webpage

<https://www.pub.gov.sg/compliance/qualifiedpersonsportal/eservices/application>

No.	Type of Submission	Details
1	Notification of Water Service Work by Licensed Water Service Plumber	This submission is for the Licensed Plumber to notify PUB before commencement of water service works
2	Certification of Satisfactory Completion of Water Service Work by Licensed Water Service Plumber	This submission is for the Licensed Plumber to submit the Certificate of Satisfactory Completion of Water Service Work after the completion of water service installation work
3	Notification of Cleaning and Disinfection of Water Storage Tanks	This submission is for the Licensed Plumber to notify PUB of cleaning and disinfection work of water storage tanks.
4	Inspection and Certification of Water Storage Tank	This submission is for the Licensed Plumber to submit the completion certificates and water sample test reports to PUB for the inspection and certification of water storage tanks.

The user guide for the online submission system can be found in Annex A.

2. The new submission system will be available from **1 Dec 2016** and requires valid email address and valid plumber license to use the service. Please also note that hardcopy and fax submission for the above submissions will not be accepted from 1 April 2017 onwards.

3. Should you have further queries on the above changes, please contact PUB at pub_bpu@pub.gov.sg or PUB's hotline 67313512.

Thank you.



Goh Pin Cheh
Head (Building Plan Unit)
PUB



Michael Toh
Director
Water Supply Network
PUB

Annex A

USER GUIDE FOR THE ONLINE SUBMISSION SYSTEM FOR LPS

At the login page

Qualified Persons Portal

Instruction | FAQ

Login

LP License Number

PPANRIC

I declare that I am authorized to make the submission

Select

Project Reference Number

Log In

only during office hours please turn to Spm. Hotline +63 6731 3512 or email qsp_spm@pub.gov.sg. Please call hotline

Choose if this is a new or resubmission. If this is a resubmission, you may enter project reference number. Click log in once all information are furnished

Choose if this is a new or resubmission. If this is a resubmission, you may enter project reference number. Click log in once all information are furnished

Notification of Water Service Work by LP/QP

Details of LP

Name*	<input type="text"/>	Submission Date*	<input type="text"/>
LP Licence Number*	<input type="text"/>	NRIC/FIN Number*	<input type="text"/>
Address*	<input type="text"/>	Email Address*	<input type="text"/>
		Confirm Email*	<input type="text"/>
Office Tel/Ext*	<input type="text"/>	Mobile Number*	<input type="text"/>

Please confirm your email address

For draft records, please enter the previous Reference No. (otherwise, keep this field blank)

Reference No:

Load Draft Record

Particular of Customers

Indicate NA if not applicable

Name*	<input type="text"/>
Name of Company:	<input type="text"/>
Block Number*	<input type="text"/>
Street Name*	<input type="text"/>
Unit*	<input type="text"/>
Building Name	<input type="text"/>
Postal Code*	<input type="text"/>
Office Tel/Ext.*	<input type="text"/>
Email Address*	<input type="text"/>

Enter the customer information. For information that is not applicable, please indicate N.A in the cell

Project Location and Details

Indicate NA if not applicable

Address*	<input type="text"/>
Block Number*	<input type="text"/>
Street Name*	<input type="text"/>
Unit	<input type="text"/>

Enter the project details. For information that is not applicable, please indicate N.A in the cell

Building Name

Postal Code*

Mukim/TS number *

Plot Number*

Nature of Work *

Other Works :

Type of Water Supply *

Project Description: *

Estimated Water Usage per Month (m3)*

No. of new sub-meters (If applicable) *

Expected Commencement Date *

Expected Completion Date *

Platform Level of Development

Reduced Level of Highest Direct Supply Water Fitting (mRL)

Enter the project details. For information that is not applicable, please indicate N.A in the cell

Attachment(s)

Upload attachments (Maximum total file size: 10MB)
 For example:
 a) Site Plan
 b) Water Schematic Design
 c) Breakdown of Water Requirement (if applicable)

Attachments

No file chosen

Attach the relevant drawing/plans/documents

1. I the undersigned, hereby certify that the water service installation at the premises is designed in full compliance with the Public Utilities Board's requirements including the Public Utilities (Water Supply) Regulations, Singapore Standard CP 48 - Code of Practice for Water Services, other Authorities' requirements and other statutory requirements. I also confirm that:

- potable water storage tanks shall not be located below sanitary pipes and other non-potable water pipes;
- all the water fittings installed in the water service installation shall be of the types that comply with standards prescribed / stipulated by PUB;
- no soldering shall be used for joining any water pipes/fittings;
- only lead free materials are used for sanitary joints;
- all potable water tanks shall be are watertight and there is no gap between the tank roof and wall;
- all water conservation measures shall be adopted; and

All declaration check boxes have to be ticked before you can make your submission.

for non-domestic developments with estimated water requirements > 5,000 m3/mth and government developments with estimated water requirements > 3,000 m3/mth, private water meters in accordance to PUB's requirements to monitor water usage in the key areas as stipulated in the Fourth Schedule of the Public Utilities (Water Supply) Regulations will also be installed.

2. The site plan, the water schematic drawings and the breakdown of water requirement, if any, of the above development are attached here with.

Certification of Satisfactory Completion of Water Service Work by Licensed Water Service Plumber

Details of LP

Name:*	<input type="text"/>		
LP Licence Number:*	<input type="text"/>	NRIC/FIN Number:*	<input type="text"/>
Address:*	<input type="text"/>	Email Address:*	<input type="text"/>
		Confirm Email:	<input type="text"/>
Office Tel/Ext:*	<input type="text"/>	Mobile Number:*	<input type="text"/>

Please confirm your email address

Location and Details of Project

Indicate NA if not applicable

Water Utility Account Number*	<input type="text"/>
Job Number*	<input type="text"/>
Location of Work	
Address:*	<input type="text"/>
Block Number:*	<input type="text"/>
Street Name*	<input type="text"/>
Unit*	<input type="text"/>
Building Name*	<input type="text"/>
Postal Code:*	<input type="text"/>
Mukim/TS number *	<input type="text"/>
Plot Number:*	<input type="text"/>
Nature of Work:*	<input type="text" value="Select"/>
Urgent Repairs:	<input type="text" value="No"/>
Project Description: *	<input type="text"/>
Other Works :	<input type="text"/>
Type of Water Supply:*	<input type="text" value="Select"/>



Enter the SP account number and the Notification of Water Service Work job reference number

Commencement Date *

Completion Date *

Enter the project commencement and completion dates.

Attachment(s)

Upload attachments (Maximum total file size: 10MB)

For example:

a) Cover Letter

b) Schematic Drawings, if applicable

Attach the relevant drawing/plans/documents

Attachments

Choose File No file chosen

1. I, the undersigned, confirm that, to the best of my knowledge and belief, the water service installation/work was carried out in accordance with the Public Utilities Board's requirements including the Public Utilities (Water Supply) Regulations, Singapore Standard CP 48 – Code of Practice for Water Services, Authorities' requirements and other statutory requirements. I also confirm that:

Potable water storage tanks are not located below sanitary pipes and other non-potable water pipes;

All the water fittings installed in the water service installation are of the types that comply with standards prescribed / stipulated by PUB;

No soldering is used for joining any water pipes/fittings;

Only lead free materials are used for capillary tubes;

All potable water tanks are watertight and there is no gap between the tank roof and wall;

The said water service installation and the associated electrical devices and equipment have been tested and are safe and acceptable for operation;

All water conservation measures shall be adopted; and

For non-domestic developments with estimated water requirements > 5,000 m³/mth and government developments with estimated water requirements > 3,000 m³/mth, private water meters in accordance to PUB's requirements to monitor water usage in the key areas as stipulated in the Fourth Schedule of the Public Utilities (Water Supply) Regulations will also be installed.

All declaration check boxes have to be ticked before you can make your submission.

Notification of Cleaning and Disinfection of Water Storage Tanks

Fields marked with * are mandatory.

Details of LP

Name*	<input type="text"/>	Submission Date*	<input type="text"/>
LP Licence Number*	<input type="text"/>	NRIC/FN Number*	<input type="text"/>
Address*	<input type="text"/>	Email Address*	<input type="text"/>
		Confirm Email*	<input type="text"/>
Office Tel/Ext*	<input type="text"/>	Mobile Number*	<input type="text"/>

Please confirm your email address

For draft records, please enter the previous Reference No. (otherwise, keep this field blank).

Reference No:

Load Draft Record

Project Location and Details

Location of Work

Indicate NA if not applicable

Postal Code*	<input type="text"/>
Building Number*	<input type="text"/>
Address*	<input type="text"/>
Block Number*	<input type="text"/>
Street Name*	<input type="text"/>
Unit*	<input type="text"/>
Building Name*	<input type="text"/>
Mukim/TS number*	<input type="text"/>
Plot Number*	<input type="text"/>

Enter the project details. For information that is not applicable, please indicate N.A in the cell

Particular of the Registered Consumers

Indicate NA if not applicable

Name of person-in-charge*	<input type="text"/>	Office Tel/Ext *	<input type="text"/>
Name of Company*	<input type="text"/>	Email Address*	<input type="text"/>
Address*	<input type="text"/>		

Enter the customer information. For information that is not applicable, please indicate N.A in the cell

Block Number*

Street Name*

Unit*

Building Name*

Postal Code*

Preferred Mailing Address Yes

Managing Agent's Details/Town Council Office-in-charge Details

Indicate NA if not applicable

Managing Agent/Town Council Office*

Name of person-in-charge*

Designation*

Block Number*

Email Address*

Street Name*

Office Tel/Ext.*

Unit*

Mobile Number*

Building Name*

Postal Code*

Preferred Mailing Address Yes

Nature of Work.*

Inspection & Water Sampling Only ▼

Type of Water Supply.*

Potable Water ▼

Expected Commencement Date*

Expected Completion Date*



Enter the MA or TC details. For building without MA or TC, please enter the following

Email Address – na@na.com

Office Number – Eight zeroes (00000000)

Mobile Number – Eight zeroes (00000000)

Postal Code – Six zeroes (000000)

For information that is not applicable, please indicate N.A in the cell

Inspection & Certification of Water Storage Tank

Details of LP

Name*	<input type="text"/>		
LP Licence Number*	<input type="text"/>	NRIC/IN Number*	<input type="text"/>
Address*	<input type="text"/>	Email Address*	<input type="text"/>
		Confirm Email*	<input type="text"/>
Office Tel/Ext*	<input type="text"/>	Mobile Number*	<input type="text"/>

Please confirm your email address

For draft records, please enter the previous Reference No. (otherwise, leave this field blank)

Reference No:	<input type="text"/>	<input type="button" value="Load Draft Record"/>
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Project Location and Details

Indicate NA if not applicable

Postal Code*	<input type="text"/>
PUB Account Number*	<input type="text"/>
Building Number*	<input type="text"/>
Address*	<input type="text"/>
Block Number*	<input type="text"/>
Street Name*	<input type="text"/>
Unit*	<input type="text"/>
Building Name*	<input type="text"/>
Mukim/TS number*	<input type="text"/>
Plot Number*	<input type="text"/>

If you have save a submission earlier, you may retrieve the details using the reference number assigned to the project

Enter the project details. For information that is not applicable, please indicate N.A in the cell

Particular of the Registered Consumers

Indicate NA if not applicable

Name of person-in-charge*	<input type="text"/>	Office Tel/Ext.*	<input type="text"/>
Name of Company*	<input type="text"/>	Email Address*	<input type="text"/>
Block Number*	<input type="text"/>		

Enter the customer information. For information that is not applicable, please indicate N.A in the cell

Street Name*

Unit*

Building Name*

Postal Code:*

Managing Agent's Details/Town Council Office-in-charge Details

Indicate NA if not applicable

Managing Agent/Town Council Office*

Name of person-in-charge* Designation*

Block Number:* Email Address:*

Street Name* Office Tel/Ext:*

Unit* Mobile Number:*

Building Name* Postal Code:*

Nature of Work :-

Inspection & Water Sampling Done Date of Certification*

Inspection, Cleaning & Disinfection Done Date of Cleaning & Disinfection

Enter the MA or TC details. For building without MA or TC, please enter the following

Enter the number of Tanks for the project

Email Address – na@na.com
 Office Number – Eight zeroes (00000000)
 Mobile Number – Eight zeroes (00000000)
 Postal Code – Six zeroes (000000)

For information that is not applicable, please indicate N.A in the cell

Inspection & Certification of Water Storage Tank

Tanks Details

Tank Name	Material	Cap.	Dimensions	FL lvl	Remarks	Date of sample	Date of Testing
High Level Tank 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Dimensions are in metres (m) and Effective Capacity in cubic metres (m3)

Dimension Format

For rectangular tank, no. of compartments (Length X Width X Height) e.g. 2 (3 X 2 X 1)

For rectangular tank with unequal compartment size: (Length X Width X Height of compartment 1), (Length X Width X Height of compartment 2) e.g. (3 X 2 X 1), (2 X 2 X 1)

For cylindrical tank: (diameter X Height) e.g. 3 X 2

Enter the tank details based on the format provided

Inspection & Certification of Water Storage Tank

Detailed Checklist

I declare that I have, to the best of my knowledge, checked and ensure the compliance of the following points in accordance with the latest requirements and guidelines stipulated by PUB at the time of my submission:

I have checked the items	Checked	Defects
Room / enclosure housing low level tanks locked.	<input type="checkbox"/>	<div style="border: 2px solid red; border-radius: 15px; height: 350px; width: 100%;"></div>
Room / enclosure housing low level tanks secured with high quality locks with non-duplicable keys.	<input type="checkbox"/>	
Access door to high level tanks locked.	<input type="checkbox"/>	
Access door to high level tanks secured with high quality locks with non-duplicable keys.	<input type="checkbox"/>	
Water tanks are adequately enclosed (e.g. proper height, proper types etc)	<input type="checkbox"/>	
Inspection covers at water tanks locked.	<input type="checkbox"/>	
High quality locks with non-duplicable keys are used for inspection cover at water level tanks.	<input type="checkbox"/>	
Inspection cover at water tanks installed with stainless steel brackets secured with tapered round nuts.	<input type="checkbox"/>	
Proper stainless steel nettings with 0.65mm aperture installed at warning/overflow/vent pipes.	<input type="checkbox"/>	
Warning/overflow/vent pipes not damaged.	<input type="checkbox"/>	
No holes/gaps on water tanks surface.	<input type="checkbox"/>	
No sediments in water tank	<input type="checkbox"/>	
2 Sampling taps provided (for water tanks installed during or after 2005).	<input type="checkbox"/>	

Attachment(s)

Upload attachments (Maximum total file size: 10MB)

Please attach reports from SAC - SINGLAS accredited laboratory to show that the water samples taken from every tank passed the chemical and bacteriological examinations

Attachments *

No file chosen

Add file

Note: The Licensed Water Service Plumber shall submit this form together with the water quality test reports to PUB within 7 days of completion of the work.

All declaration check boxes have to be ticked before you can make your submission. If there are defects, please indicate the details of the defect(s) in the box provided