



# Application for Private Water Supplier

*Public Health Act 1997*

Sections 133 and 134

## APPLICANT DETAILS

### I AM APPLYING AS AN INDIVIDUAL:

Name of Applicant

ABN/ACN

(if applicable)

Date of Birth

(for non-ABN/ACN holders)

Address

Phone

Email

Relationship to the Business

### I AM APPLYING AS A COMPANY OR REGISTERED BUSINESS:

Name of Company/Business

ABN/ACN

Registered Address

Postal Address

(if different from registered address)

Contact Person

Business Name

Phone

Email

Role in Company

(e.g. director, corporate secretary)

## WATER SUPPLIER BUSINESS DETAILS

Business Trading Name

(Depicted on the street frontage of the premises)

ABN/ACN

<b>Business Address</b>			
<b>Postal Address</b>			
<b>Name of Business Manager</b>			
<b>Business Phone</b>		<b>Email</b>	
<b>Emergency Contact</b>		<b>Phone Number</b>	

### COMMERCIAL PURPOSES

Please provide details where relevant.

<b>Accommodation Place Serving Food</b>	
<b>Accommodation Place Not Serving Food</b>	
<b>Child Care or Private School Camp</b>	
<b>Recreational Facility within Parks and Reserves</b>	
<b>Private Water Scheme</b>	
<b>Notified Food Business</b>	

### Places Used for Health

<b>Aged Care Facility</b>	
<b>Health Care Centre</b>	
<b>Hospital</b>	

### Places Used for Education

<b>Schools</b>	
<b>UTAS</b>	

## Places Used for Imprisonment/Detention

Imprisonment

Detention

## WATER SUPPLY DETAILS

Please note that the information supplied will assist Council in determining appropriate conditions of registration that are legally enforceable under Section 136 of the *Public Health Act 1997*.

Water source

Storage arrangements and materials

Type of treatment

Do you have a current ongoing service contract for the maintenance of the equipment?

Yes

No

Details of maintenance and inspection of treatment devices

Type of water quality testing (parameters and frequency)

Who undertakes the sampling and analysis of the water quality?

Intended use of water

Do you intend to supply water for consumption without any restrictions/warnings on its use?

Yes

No

What advice is issued to recipients on the safe use of the water?

Estimated number of consumers

Is the water from another party?

Yes

No

Details:

If yes, what restrictions/warnings are given to you for its safe use?

Additional information that may support your application could include:

1. A location plan.
2. Treatment details including manufacturer specifications.
3. Any certificate of analysis from previous water quality testing.
4. Photographs of the water storage, treatment and supply arrangements.

## APPLICANT DECLARATION

I understand, and acknowledge by signing this form, that to supply drinking water to customers as a Private Water Supplier, I will need to:

1. Comply with the requirements for Private Water Suppliers as detailed in the *Public Health Act 1997*.
2. Comply with the requirements for Private Water Suppliers as detailed in the *Tasmanian Drinking Water Quality Guidelines 2015*.
3. Comply with all conditions of approval against my registration, which will be subject to regular inspection by a Council Officer to determine compliance.
4. Apply for renewal of registration every 12 months.

## SIGNATURE

### Individual:

Applicant Name

Signed

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Company:

Company Name and ABN/ACN:

Name

Signed

.....

Person Authorised to Sign

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

## PRIVACY STATEMENT

The personal information on this form is required by Clarence City Council for the Registration of a Private Water Supplier under *the Public Health Act 1997*. We will only use your personal information for this and related purposes. If this information is not provided, council may not be able to process this application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at [www.ccc.tas.gov.au](http://www.ccc.tas.gov.au) or at Council Chambers.

## LODGE YOUR APPLICATION



### EMAIL

Attach your signed, completed application with any supporting information to:  
[clarence@ccc.tas.gov.au](mailto:clarence@ccc.tas.gov.au)



### MAIL

Send your signed, completed application with any supporting information to:  
Clarence City Council  
PO Box 96 Rosny Park 7018.



### IN PERSON

Clarence City Council Offices at 38 Bligh St, Rosny Park, between the hours of 8.45am to 5.00pm. You may also call us on 03 6217 9570.

## OFFICE USE ONLY

Private Water Supplier Number

Receipt Number

Date Paid

EHO Conducting Assessment: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved / Not Approved

EHO Comments: