



Date received:

Application fee:

Receipt No:

Licence No:

PO Box 103
Glenorchy Tas 7010
Ph: (03) 6216 6800
gccmail@gcc.tas.gov.au

ABN: 197 5325 2493

Private Water Supplier - Application

Public Health Act 1997
Sections 133 & 134

Application for Registration as a Private Water Supplier

PART 1: APPLICANT DETAILS

Title	Given Name/s	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name (linked to ABN/ACN)		
<input type="text"/>		
ABN / ACN	Date of Birth	
<input type="text"/>	<input type="text"/>	
Trading Name		
<input type="text"/>		
Postal Address (for business correspondence)		
<input type="text"/>		
Business Phone Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		

PART 2: WATER SUPPLY DETAILS

Water Source

Storage Arrangements and Materials

Type of Treatment in Place

Is There a Service Contract for Maintenance of the Equipment?

Maintenance and Inspection of Treatment Devices (if required)

Type of Water Quality Testing (Frequency and Parameters)

Who is Responsible for the Sampling and Analysis of the Water Quality?

Intended Use of the Water

Is it intended to supply the water for consumption without any restrictions/warnings on its use

What Advice is Issued to Recipients on the safe Use of the Water?

Estimated Number of Consumers

Is the Water From Another Party? If Yes, Please Provide Details

If Yes, What Restrictions/Warnings Are Given To You For Its Safe Use?

Additional information that may support your application:

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

PART 3: TYPE OF PRIVATE WATER SUPPLY

(Please tick (✓) tick all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accommodation place serving food | <input type="checkbox"/> Health Care Centre | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Childcare or private school camps | <input type="checkbox"/> Private Water Scheme | <input type="checkbox"/> Aged care facility |
| <input type="checkbox"/> University campus | <input type="checkbox"/> Education Facility | <input type="checkbox"/> Detention Centre |
| <input type="checkbox"/> Remand / Prison Centre | <input type="checkbox"/> Accommodation place not serving food | <input type="checkbox"/> Recreational facility within Parks & Reserves |
| <input type="checkbox"/> Other: | | |

PART 4: APPLICANT DECLARATION

- I declare that the information provided on this form is accurate, complete, and correct.
- I acknowledge that this application is not valid, and assessment of the application will not commence until the application fee is paid in full.
- I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the *Electronic Transaction Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.
- I understand and agree that information about this application and the businesses' on-going operations will be shared with Councils and the Department of Health to assess this application and the businesses' compliance with the *Public Health Act 1997*.
- I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

PART 5: PAYMENT

Payment by phone	Payment in person
Credit card payments can be made by calling (03) 6216 6800.	Payment can be made in person at our Customer Service Centre located at 374 Main Road, Glenorchy. Business hours are: 8.30am – 5.00pm Monday to Friday.

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