

PO Box 6 Triabunna TAS 7190 Phone: 6256 4763 Fax: 6256 4044

Application for Renewal of Registration as a Supplier of Water from a Private Water Source Information requested in this form is collected under authority of the *Public Health Act 1997* section 133 and 134.

* Mandatory detail.

Applicant Deta	ails						
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ABN							
Address:							
City:					Postcode:		
Postal Address:						l	
City:					Postcode:		
email:							
Phone:				Mobile:			
Business Detai	ls		l				
Trade Name of							
Premises (if applicable):		 					
Address of premises:							
City:					Postcode:		
email:							
Emergency Contact:				Phone:			
Water Supply	Details						
Water source: e.g. rain water	er tank,						
river, spring, bore, other							
Storage arrangements and I	materials:						
Type of treatment in place: chlorination, UV treatment							
Intended use of the water: e	e.g normal						
Supplementary Water Sour	·ce						



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Declaration and Signature

I understand 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 my registration.
- 4. Apply for renewal of registration every 12 months.

Signature:	*	Date:	*
Name (print):	*	Fee:	\$20.00



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