#### **GLAMORGAN SPRING BAY COUNCIL**



PO Box 6 Triabunna TAS 7190 Phone: 6256 4777 Fax: 6256 4774

## Commercial Water Carrier Registration - Renewal Application

Information requested in this form is collected under authority of the *Public Health Act 1997* section 136E and 136F. This information will be used by Council to evaluate your application for registration as a Commercial Water Carrier.

# \* Mandatory detail

### All other fields to be completed only if changed from original application.

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Full Name of Applicant:	*				
ABN:					
Business Name:					
Business Address:					
City:				Postcode:	
Postal Address:					
City:				Postcode:	
email:					
Phone:			Mobile:		
Emergency Contact:			Phone:		
Vehicle Details					
Number of Vehicles applying for re	egistration				
Vehicle I make and registration nu	umber:				

If insufficient space, please provide additional details as an attachment. Note that all vehicles used in the cartage of drinking water will require registration.

#### Water Tank Details

Vehicle 2 make and registration number:

Vehicle 3 make and registration number:

Tank Decans						
Type of tank (circle and indicate number)	Stainless Steel	Fibreglass	Aluminium	Mild Steel	Other	
Type of internal coating on specified tanks:						
Type of water hose(s)						
Type of backflow prevention devices:						

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#### Water Source Details

Details:

vvaler source Details				
Primary fill source:				
Manager or owner of fill source:				
Is this fill source classified as drinking water	Yes	No		
Do you have approval to extract from this	fill source (circle):		Yes	No
Other fill source:				
Manager or owner of fill source:				
Is this fill source classified as drinking water	r by the owner/man	ager (circle):	Yes	No
Do you have approval to extract from this	fill source (circle):		Yes	No
Other fill source:				
Manager or owner of fill source:				
Is this fill source classified as drinking water by the owner/manager (circle):				No
Do you have written approval to extract from this fill source (circle):  Yes No				No
If insufficient space, please provide additional	details as an attachr	nent.		
Do you extract water from a registered Pi	rivate Water Supplie	er (circle):	Yes	No
Details:				
If insufficient space, please provide additional	details as an attachr	nent.		
Please list the Council areas that you will I	ne operating in:			
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carrying out the undertaking of a commercia		stration from the Council where the majority of vel	nicies are stor	ед тог
Water Carrier Activities				
Please tick the relevant box(s) for the activit	es that you will be u	ndertaking as a Water Carrier.		
Cartage of compliant drinking water to	individual or businesses	3		
Cartage of non-compliant drinking wate	r to individual or busin	esses		
Dust suppression activities (for example	road works)			
Cartage of water for other purposes to	individual or businesse	s		
<del>} '</del>				

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# Declaration and Signature

I understand that to supply drinking water to customers as a Water Carrier, I will need to:

- 1. Comply with the requirements for Water Carriers as detailed in the Public Health Act 1997
- 2. Comply with the requirements for Water Carriers 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:	\$90.00

Please Lodge your completed application and any supporting information with the prescribed fee to the General Manager of Council