

## Application for Water Carrier Registration

### Health (Drinking Water) Amendment Act 2007, Section 69N

The Drinking Water Assessor (DWA) in your district can assist you with filling out this form.

<b>Water carrier trading as:</b>					
<b>Water carrier owner:</b> (may be a company/ organisation name)					
<b>Name of person responsible:</b> (must be a named individual)					
<b>Position:</b>					
<b>Address:</b>					
<b>Phone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Date form completed:</b>	/	/	<b>Office use only</b>		
			<b>Date registration entered:</b>	/	/

### Instructions

If you require help in completing this form, please contact the drinking water assessor at your local District Health Board.

- Fill in Part A of this form if you are obtaining water from a registered water supply owned by someone else.
- Fill in Part B of this form if you are using your own water supply.
- All water carriers to fill in Part C of this form.

### Part A

If you are obtaining water from a registered water supply owned by someone else, fill in the table below.

- Up to three different water supplies can be entered, if you are using more than three please complete another form.
- The applicable names and registration codes can be found in the Drinking-water Register.
- If you are unsure what distribution zone you are filling from, contact the drinking-water supplier to confirm.
- If the drinking-water supply you are using is not registered, but is owned by someone else, a separate water supply registration form must be completed.

Water supply 1 Community name:	Source name:		Source code:	
	Treatment plant name:		Treatment plant code:	
	Distribution zone name:		Distribution zone code:	
Water supply 2 Community name:	Source name:		Source code:	
	Treatment plant name:		Treatment plant code:	
	Distribution zone name:		Distribution zone code:	
Water supply 3 Community name:	Source name:		Source code:	
	Treatment plant name:		Treatment plant code:	
	Distribution zone name:		Distribution zone code:	
Water supply 4 Community name:	Source name:		Source code:	
	Treatment plant name:		Treatment plant code:	
	Distribution zone name:		Distribution zone code:	

## Part B

If you are using water from your own water supply, fill in the treatment plant and source tables below.

- Do not fill in the TPCode and SCode (this will be entered when registration is finalised).
- The source name should identify whether the source is a groundwater supply or a surface water supply (eg, Smiths Road Bore or Ashley River).
- The GPS should be in the NZTM seven digit grid reference system (eg, 2125670E, 5710600N).
- Up to three different treatment plants and sources can be entered on this form.
- Some treatment plants may have more than one source of water, enter the associated source waters underneath the treatment plant.

Treatment plant(s)					
TPCODE:		TPCODE:		TPCODE:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

Source(s)					
SCODE:		SCODE:		SCODE:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

SCODE:		SCODE:		SCODE:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

## Part C

All water carriers must fill in the tables below.

<b>Vehicle / Vessel / Rail Wagon / Tanks</b> (Enter separately all vehicles, trailers, demountable tanks. If registration number is not applicable, generate a permanent identification number that can be checked on the equipment)			
<b>Description</b>		<b>Identification / registration #</b>	
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<b>Hoses and Fittings</b>						
Notes:						
1. Identify the type of hoses and fittings used, eg, solid moulded hose, lay-flat hose. Enter each type of hose or fitting on a new line.						
2. Circle either 'yes' or 'no' to state whether the type of hose or fitting is suitable for the purpose of delivering potable water.						
<b>Type of hose or fitting used</b>		<b>Suitable for delivering potable water?</b>	Yes		No	
<b>Type of hose or fitting used</b>		<b>Suitable for delivering potable water?</b>	Yes		No	
<b>Type of hose or fitting used</b>		<b>Suitable for delivering potable water?</b>	Yes		No	
<b>Type of hose or fitting used</b>		<b>Suitable for delivering potable water?</b>	Yes		No	
<b>Type of hose or fitting used</b>		<b>Suitable for delivering potable water?</b>	Yes		No	

Signed \_\_\_\_\_ (person responsible for water carrier)  
 Name of DWA \_\_\_\_\_ Signed \_\_\_\_\_ DHB \_\_\_\_\_

<b>Office use only</b>	
<b>Summary of action taken by DWA:</b>	
<b>Date form submitted to ESR:</b>	/ /
<b>Identification code #</b>	