

**Application to Medical Officer of Health for**  
**Authorisation to Operate as a Temporary Water Carrier**

Health (Drinking Water) Amendment Act 2007, Section 69ZI

<b>Name of person applying to operate as a temporary water carrier:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>		<b>Date:</b>	

1. Enter details in the box below that will describe and uniquely identify the vehicle(s) / tank(s) / vessel(s) / rail wagon(s) to be used.

Description	Registration / Identification #

2. Explain why there is a need for a temporary water carrier and where water will be delivered.

3. Enter the duration of use of temporary water carrier.

<b>Expected start date:</b>	/ /
<b>Expected finish date:</b>	/ /
<b>Estimated population served:</b>	

4. List all sources of water that will be used (where you be filling from) and comment on what is known about the quality of the water (attach copies of any test results you may have).

Name / description / location of water source <i>(it is helpful if you attach a map)</i>	Information on water quality

5. Will you treat the water in any way? If yes, please provide a description of the treatment.

6. Has the water tanker (or vessel used to carry the water) been used previously for transporting any noxious, toxic or hazardous matter, non-food liquids or human or animal wastes?

	Please tick (✓)
Yes	
No	
Don't know	

7. Describe any procedures used to clean and disinfect the tanker prior to use (include detail of chemicals used and dilutions).

8. Do you certify that the vehicle / tanker / vessel / rail wagon identified in this application is suitable for the purpose of delivering potable water? *(Please circle)*

	Please tick (✓)
Yes	
No	

Signed \_\_\_\_\_

(print name)

\_\_\_\_\_ (signature)

<b>Office use only</b>	<b>DWA assigned</b> <b>Checked by DWA on (date)</b> /      / <b>Signature (DWA)</b>	
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If you require help in completing this form, please contact the drinking water assessor at your local District Health Board.