

Application for Water Supply Registration

(For Network, Bulk, Port/Airport and Self-supplies that elect to register)
 Health (Drinking Water) Amendment Act 2007, Section 69K

Please tick (✓).

- This is a new registration
- This is a modification to an existing registration

Name of supply:	
Supply owner: (may be a company/organisation)	

Name of person responsible: (must be a named individual)			
Position:			
Address:			
Phone:		Fax:	
Email:			

Name of contact person/organisation:			
Position:			
Address:			
Phone:		Fax:	
Email:			

Supply type/nature of supply (please tick ✓)

- | | | | |
|-------------------|--------------------------|-----------------------|--------------------------|
| Network supply | <input type="checkbox"/> | Port/airport | <input type="checkbox"/> |
| Bulk supply | <input type="checkbox"/> | Specified self supply | <input type="checkbox"/> |
| Prescribed supply | <input type="checkbox"/> | | |

Maximum daily volume supplied:		m ³ /day
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Community

Name:		C Code:	
Normal population:			
Seasonal changes in population:	Yes		No
Describe seasonal changes if any:			

Distribution zone(s)

DZ Code:		DZ Code:		DZ Code:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Population:		Population:		Population:	

Treatment plant(s) and source(s)

TP Code:		TP Code:		TP Code:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

S Code*:		S Code*:		S Code*:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

S Code*:		S Code*:		S Code*:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

S Code*:		S Code*:		S Code*:	
Name:		Name:		Name:	
GPS:		GPS:		GPS:	
Location description:		Location description:		Location description:	

Signed _____ (person responsible for supply)

Office use only	
Summary of action taken by DWA:	
Date form submitted to ESR:	/ /

Notes to accompany water supply registration form

Use this form:

To register a new or modify an existing drinking water supply (except tankered water supply).

Codes:

Do not enter any codes unless you are modifying the structure of a supply that is already registered.

* Enter the source type as the first letter of the SCODE:

R = Rainwater source

S = Surface water source

G = Groundwater source

Instructions:

Registrations of new supplies must include all names, populations and grid references. Use multiple pages where there are more than three zones or plants in a community. Indicate all plant / zone connections by connecting the blobs.

Map references:

The GPS should be in the NZTM seven digit grid reference system (eg, 2125670E, 5710600N).

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