

Application to Medical Officer of Health to use Temporary Drinking-water Supply

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

Name of person applying to use temporary drinking-water supply:			
Position:			
Address:			
Phone:		Fax:	
E-mail:		Date:	

Name or description of temporary drinking-water supply:	
--	--

Explain why this temporary drinking-water supply is required.

Duration of supply

Expected start date:	/	/	Expected finish date:	/	/
Estimated population served:					

List all sources of raw water that will be used for the temporary drinking-water supply and comment on what is known about the quality of the raw water (attach copies of any test results you may have).

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

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

Signed:		(print name)		(Signature)
----------------	--	--------------	--	-------------

Office use only	
DWA assigned:	
Assessment form completed on (date):	/ /
Signed:	(DWA)

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