

Water Carrier - Application

Council Chambers

374 Main Road
Glenorchy TAS 7010

Postal Address

PO Box 103
Glenorchy TAS 7010

Customer Service

 (03) 6216 6800
 gccmail@gcc.tas.gov.au

ABN 19 753 252 493

www.gcc.tas.gov.au

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 Water Carrier.

Please refer to the [Tasmanian Drinking Water Quality Guidelines 2015](#) and the [Guidance Note for Water Carriers](#) to assist in the completion of this form.

Should you not provide the requested information, Council will be unable to process your application.

Applicant Details

Surname:	Given name:
Business Name:	
Trading Name:	
Business Address:	
City:	Post Code:
Postal Address:	
City:	Post Code:
Email Address:	
Phone:	Mobile:
Emergency Contact:	Phone:

Vehicle Details

Number of Vehicles Applying for Registration:
Vehicle 1 - Make and Registration Number:
Vehicle 2 - Make and Registration Number:
Vehicle 3 - Make and Registration Number:

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 Carrier - Application

Council Chambers

374 Main Road
Glenorchy TAS 7010

Postal Address

PO Box 103
Glenorchy TAS 7010

Customer Service

 (03) 6216 6800
 gccmail@gcc.tas.gov.au

ABN 19 753 252 493

www.gcc.tas.gov.au

Water Carrier Activities:

Type of Tank (please circle and indicate numbers):

Stainless Steel	Fibreglass	Aluminium	Mild Steel	Other: _____

Type of Internal Coating on Specified Tanks:

Type of Water Hose/s:

Type of Backflow Prevention Device:

Standards that the Equipment Complies With:

Water Source Details:

Primary Fill Source:

Manager or Owner of Fill Source:

Is This Fill Source Classified as Drinking Water by the Owner / Manager? <i>(please circle)</i>	YES	NO
---	-----	----

Do You Have Written Approval to Extract From This Fill Source? <i>(please circle)</i>	YES	NO
---	-----	----

Other Fill Source:

Manager or Owner of Fill Source:

Is This Fill Source Classified as Drinking Water by the Owner / Manager? <i>(please circle)</i>	YES	NO
---	-----	----

Do You Have Written Approval to Extract From This Fill Source? <i>(please circle)</i>	YES	NO
---	-----	----

Other Fill Source:

Manager or Owner of Fill Source:

Is This Fill Source Classified as Drinking Water by the Owner / Manager? <i>(please circle)</i>	YES	NO
---	-----	----

Do You Have Written Approval to Extract From This Fill Source? <i>(please circle)</i>	YES	NO
---	-----	----

If insufficient space, please provide additional details as an attachment.

Do You Extract Water From a Registered Private Water Supplier? <i>(please circle)</i>	YES	NO
---	-----	----

Supplier of Private Water Form

Council Chambers

374 Main Road
Glenorchy TAS 7010

Postal Address

PO Box 103
Glenorchy TAS 7010

Customer Service

 (03) 6216 6800
 gccmail@gcc.tas.gov.au

ABN 19 753 252 493

www.gcc.tas.gov.au

Details:

Please list the Council Areas that you will be operating in:

Section 134 of the *Public Health Act* requires only one registration from the Council where the majority of vehicles are stored for carrying out the undertaking of a commercial water carrier.

Water Carrier Activities:

(Please tick (✓) the relevant box(es) for the activities that you will be undertaking as a Water Carrier).

- ☐ Cartage of compliant drinking water to individual or businesses
- ☐ Cartage of non-compliant drinking water to individual or businesses
- ☐ Dust suppression activities (for example road works)
- ☐ Cartage of water for other purposes to individual or businesses

Details:

Declaration

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 approval against my registration, which will be subject to regular inspections by a Council Officer to determine compliance.
4. Apply for renewal of registration every 12 months.

•

Applicant Full Name:**Applicant Signature****Date:**

Personal Information Protection Statement

Glenorchy City Council (Council) collects personal information to process requests and carry out its everyday functions, but may choose to use it for other lawful purposes under the Personal Information Protection Act 2004.

Your personal information may be shared with Council staff, contractors, law enforcement agencies, courts and other organisations where authorised or required by law.

You do not have to provide your personal information, but if you choose not to, Council may be unable to action your application or request.

You can find out more about how Council manages personal information and how to request access or corrections to it in Council's Privacy Policy available on Council's website or by contacting gccmail@gcc.tas.gov.au.

Enquiries concerning personal information can be addressed to:

Glenorchy City Council PO Box 103 Glenorchy, 7010

Phone: 03 6216 6800

Email: gccmail@gcc.tas.gov.au