

Hawkesbury City Council



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private supply drinking water registration form

SECTION 1 - Business Details

Trading Name

Address

Suburb Postcode

Postal Address (if different from above)

Phone No Fax No

Proprietor's/Manager's Name

Owner's Name

SECTION 2 - Type of Business *(tick more than one as appropriate)*

Caravan Park	<input type="checkbox"/>	Bed & Breakfast or similar activity	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Motel	<input type="checkbox"/>	Restaurant or similar activity	<input type="checkbox"/>	Conference Centre	<input type="checkbox"/>
Camping Ground	<input type="checkbox"/>	Club	<input type="checkbox"/>	Holiday Cabins or similar	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>	<input type="text"/>			

SECTION 3 - Water Supply Sources Used on Premises *(tick more than one as appropriate)*

Rain Water: Yes

Uses: *(please specify)* Laundry Bathing Kitchen Irrigation Stock

Water Carter: Yes

Uses: *(please specify)* Laundry Bathing Kitchen Irrigation Stock

Direct Pumping: Yes

If YES, from which source *(tick more than one as appropriate)*

River	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Creek	<input type="checkbox"/>	Bore	<input type="checkbox"/>	Dam	<input type="checkbox"/>	Well	<input type="checkbox"/>
Uses: <i>(please specify)</i> Laundry <input type="checkbox"/> Bathing <input type="checkbox"/> Kitchen <input type="checkbox"/> Irrigation <input type="checkbox"/> Stock <input type="checkbox"/>											

Is your water pumped into any form of holding tank? Yes

If YES - tank capacity

Assessed by

Date

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