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NATIONAL WATER SUPPLY AND SANITATION ACT 2016
Certified on: 26 JAN 2017

**APPLICATION TO CONSTRUCT, MAINTAIN OR OPERATE
WATER SUPPLY AND/OR SEWERAGE SYSTEM**

This form must be completed in full.
Use continuation sheets to give full technical details.

1. **OWNER/SPONSOR:** _____
2. **PROJECT NAME:** _____
3. **TECHNICAL DETAILS:** _____
 - (a) Population Served: _____
 - (b) Design Horizon (Years): _____
 - (c) Water Treatment Plant Capacity (KL/Day): _____
 - (d) Volume of Water Treated/Effluent (KL/Day): _____
 - (e) Wastewater Treatment Capacity (KL/Day): _____
 - (f) Volume of Wastewater Treated (KL/Day): _____
4. **FUNDED BY:** _____
 - (a) Construction Cost: _____
 - (b) Maintenance Cost/year: _____
 - (c) Operation Cost/year: _____
5. **CONSTRUCTED BY:** _____
6. **MAINTAINED BY:** _____
7. **OPERATED BY:** _____

Application To Construct And Operate Water Supply and Sewerage System

8. REVENUE COLLECTION: (Give details of Rate, Annual Charges etc.)

(a) Tariffs: _____

(b) Annual Charges: _____

(c) Approved By (Attach Copy) _____

9. PLANS & DRAWINGS: (Provide Approved Plans and Drawings, showing intakes, treatment plants, pipelines, reservoirs, pumping stations and outfalls).

10. RAW WATER EXTRACTION: (Provide copy of DEC Permit)

(a) Surface Water: _____

(b) Groundwater: _____

(c) Others: _____

11. OPERATION:

(a) Number of staff: _____

(b) Qualification of officer in charge: _____

(c) Tests Carried out (Daily or Monthly): _____

(d) Water Quality (Provide of Test Results): _____

(e) Effluent Quality (Provide Test Results): _____

12. REFERENCE:

(a) Groundwater Reports: _____

(b) Investigation Reports: _____

(c) Design Reports: _____

(d) Other Reports: _____

13. OTHER RELEVANT INFORMATION: Attach water quality reports, both chemical and bacteriological. Attach copy of License from Water Resource Board.

14.

SIGNATURE: _____

NAME: _____

Common Seal

POSITION: _____

DATE: _____

Note: Instruction for Completion and Lodgment of the Application (Please see attached).