LETTER OF INTENT FOR THE SUPPLY OF A TREATED EFFLUENT PIPELINE FOR PERMANENT CONNECTION

Dear Sir/Madam

The City of Cape Town has over the years made provision for the supply of treated effluent generated at some of its wastewater treatment works to offset the use of drinking water. This is in line with the City's Water Conservation and Water Demand Management Strategy. The current clientele includes schools, golf clubs, parks, sports facilities, gated residential complexes (landscaping) and industry. The benefit of using this alternative source for irrigation purposes or other is huge as the current tariff is less than 50% of that of drinking water. For the current tariffs, please refer to the Tariff page on the City's website (see Water and Sanitation water consumptive tariffs).

The City of Cape Town cannot guarantee an uninterrupted supply of treated effluent, nor the quality of the treated effluent. Drinking water will be regarded as the prime source and treated effluent as a supplementary source.

The City of Cape Town will initially install infrastructure for which the user will be responsible, to ensure compliance with the treated effluent by-law, namely:

- Treated effluent meter chamber and fittings
- Switch-over chamber and fittings or quick coupling chamber and fittings
- Treated effluent signage as per by-law requirement (once-off)

For further details, please contact us on treated.effluent@capetown.gov.za or visit our website on alternative and recycled water sources for your business or organisation.

Yours sincerely

Collin Mubadiro (Pr.Eng)
The City would like to verify your institution’s interest to benefit from the supply of treated effluent. Please fill out the below section and return as soon as possible to: treated.effluent@capetown.gov.za

Name of applicant: ............................................................................................................................................................................................

Name of organisation: ....................................................................................................................................................................................................

Address and ERF No: ....................................................................................................................................................................................................

Contact details: telephone/cellphone............................................................................................................................................................

Contact details: email................................................................................................................................................................................................

Nearest wastewater treatment works (optional): ............................................................................................................................................

Current water account number (please attach copy of municipal account): ............................................................................................................

Number of drinking water supply points or connections into property: ...........................................................................................................

Current alternative sources of non-drinking water (borehole/spring/rain/etc.): ...........................................................................................................

Current drinking water average consumption per month: .................................................................................................................kl

Current average volume of water used for irrigation/non-drinking purpose per month: ..................................................kl

Treated effluent purpose and method of use: .........................................................................................................................................................

Use pattern: Day / Night................................................................................................................................................................................................

Days of use (if applicable): Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Duration of use: ≤4hr ≤8hr ≤12hr or Other: (please specify)............................................................................................................................

Estimated treated effluent daily demand..............................................................kl or m³

Estimated treated effluent monthly demand.......................................................kl or m³

Estimated drinking water savings...................................................................................................................................................................

A clear site irrigation or plumbing plan/layout of all water, sewer services, including, where possible, the best possible point where the treated effluent point should be installed. Failure to submit the said layout may lead to your request not being considered. Please provide any other supporting documentation you deem relevant to your request.

I hereby wish to confirm my intention to use treated effluent as supplied by the City of Cape Town, in accordance with this the letter of intent, the treated effluent by-law and related policies. Should your intention to use the supply in question change, please advise the afore-signed immediately.

Signature of applicant: ......................................................................................................................Print Name............................................................

On behalf of (organisation)........................................................................................................................................................................

In my capacity as ......................................................................................................................................................................................

Date................................................................................................................................................................................................

Ref: WDM/_______/TE/__