



APPLICATION TO INSTALL AND USE ALTERNATIVE WATER OTHER THAN THE MUNICIPAL POTABLE WATER SUPPLY

(IN TERMS OF CHAPTER 8 AND 10 OF THE WATER BY-LAW PG 6847; LA 22920)

Please note: Only the registered owner of the property can apply.

| General | | | | | |
|---|---|------------------|---|--------------------------|-------------------|
| 1 | Name of property owner | | | | |
| 2 | Municipal account number. <i>Attach the most recent version of the municipal rates and water account with this application.</i> | | | | |
| 3 | Existing municipal water supply meter number | | | | |
| 3 | Physical address | | | | |
| 4 | Type of property: residential/commercial/industrial/other | | | | |
| 5 | Is your alternative water system | | <input type="checkbox"/> Already installed <input type="checkbox"/> At planning stage | | |
| Alternative water source | | | | | |
| 6 | Type | Volume in kl/day | Yes | No | (tick applicable) |
| | a. City's treated effluent | | a <input type="checkbox"/> | <input type="checkbox"/> | |
| | b. Greywater | | b <input type="checkbox"/> | <input type="checkbox"/> | |
| | c. Groundwater (please specify whether borehole, well-point or spring water) | | c <input type="checkbox"/> | <input type="checkbox"/> | |
| | d. Rainwater harvesting | | d <input type="checkbox"/> | <input type="checkbox"/> | |
| | e. Surface water | | e <input type="checkbox"/> | <input type="checkbox"/> | |
| If c) or e) apply, do you have rights/permission/authority for the supply stated above? Please specify and attach proof e.g. general authorisation or water use licence from the national Department of Water and Sanitation for groundwater or surface water. | | | | | |
| 7 | What is the purpose of the intended use of alternative water supply? <i>If a water quality test has been done, attach a copy of the water quality analysis.</i> Note that systems plumbed into the building for indoor use are first priority for inspection. There may be a delay for systems for irrigation or outdoor. | | <input type="checkbox"/> Toilet flushing <input type="checkbox"/> Laundry (machine or hand-washing) <input type="checkbox"/> Swimming pool <input type="checkbox"/> Garden irrigation <input type="checkbox"/> Outdoor hard-surface cleaning <input type="checkbox"/> Vehicle cleaning <input type="checkbox"/> Other | | |
| 8 | Will the alternative water be subjected to pre-treatment before use? What type/level of treatment? | | | | |

Please note: applications to use alternative water source for human consumption triggers a 'Water Services Intermediary' application process and will only be considered in cases of multi-residential/gated complexes; industrial/commercial consumers; agricultural farms and related. For more information, please visit the alternative water page of the City's website. 'Water Services Intermediary' means any person who is obliged to provide water services to another in terms of a contract where the obligation to provide water services is incidental to the main object of that contract.

Installation

| | | | |
|---|--|-----|----|
| 9 | Is the installer a qualified accredited plumber? | Yes | No |
|---|--|-----|----|

If installed already, the attached Certificate of Approval must be completed and attached to this application. Upon approval, an inspection will be conducted and the approval certificate signed off by a water inspector to confirm compliance with the Water By-law

| | | | |
|----|--|---------------------------------|--------------------------------|
| 10 | Is a meter for the alternative water supply installed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----|--|---------------------------------|--------------------------------|

A compulsory drawing of the intended installation is required as part of this application or if it is already installed, attach photographic evidence.

If the alternative water supply has already been installed, please answer the following:

| | | | |
|----|---|---------------------------------|--------------------------------|
| A. | Has connection with the City's municipal drinking (potable) water system been protected from contamination with a Reduced Pressure Zone (RPZ) valve back-flow preventer (not a non-return valve)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----|---|---------------------------------|--------------------------------|

| | | | |
|----|--|--|--|
| B. | Will used water from the alternative water supply be discharged back to the City's sewer/re-used/other? Please advise where and how. | | |
|----|--|--|--|

Undertaking

I certify that the information furnished above is true to the best of my knowledge and belief and I am aware if any part of the information submitted is found to be false/misleading at any stage, the application will be rejected or permission revoked. If this installation is ever changed in future, then application will be made for further approval for that installation (including for when alternative water which was used only for irrigation is plumbed into the building for the first time). I further acknowledge that my municipal water bill may be affected on approval of this application.

Signature:

Date:

Please send your completed application form and supporting documentation to:

water@capetown.gov.za or hand-deliver at the nearest municipal walk-in contact centre, for the attention of the water and sanitation department: alternative water use applications.



CERTIFICATE OF APPROVAL FOR THE INSTALLATION AND USE OF AN ALTERNATIVE WATER SUPPLY SYSTEM

Installation address: _____ Erf number: _____

Service request number: _____

We, _____, the owner/s and the undersigned plumber, hereby advise that according to our knowledge, the completed alternative water installation at the above address was done according to the City of Cape Town's 'Guidelines for the Installation of Alternative Water Systems', and in compliance with provisions of the Water By-Law, 2010 (or as updated/amended) and the Treated Effluent By-law if relevant. If the installation or the use of the alternative water is to change in future, we understand and acknowledge that re-application is required.

The installation may be inspected on: _____

Owner: _____

Plumber: _____

Signature: _____

Registration number: _____

Telephone no.: _____

Signature: _____

Telephone no.: _____

Date: _____

FOR OFFICE ONLY

Inspectorate comment:

District Water Inspector:

Name: _____

Signature: _____

Date: _____