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| This form applies to:  • augment a supply of drinking water via a source supply (e.g. a dam)  • a development by way of a dual reticulation system  • irrigate minimally processed food crops. | | | | | | | | | | | | | | |
| Before you fill in this application Sections 1 to 5 must be completed along with the provision of supporting documentation. | | | | | | | | | | | | | | |
| Application detail | | | | | | | | | | | | | | |
| **System owner** | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | |
| **Title** | | |  | | | | | | | | | | | |
| **Company/Organisation** | | |  | | | | | | | | | | | |
| **ABN** | | |  | | | | **ACN** | |  | | | | | |
| **Street No** | | |  | | | | **Street name** | |  | | | | | |
| **Suburb/Town/City** | | |  | | | | **State** | |  | **Postcode** | | | |  |
| **Postal address** | | |  | | | | **Suburb/Town/City** | | |  | | | | |
| **State** | | |  | | | | **Postcode** | | |  | | | | |
| **Email** | | |  | | | | **Website** | | |  | | | | |
| **Phone number** | | |  | | | | **Mobile number** | | |  | | | | |
| **Applicant’s signature** | | |  | | | | | | | **Date** | | |  | |
| **Location of high-exposure recycled water scheme** | | | | | | | | | | | | | | |
| **Lot No.** | | |  | | | | **Street No.** | | |  | | | | |
| **Street** | | |  | | | | **Suburb/Town/City** | | |  | | | | |
| **Name of business/building/complex/site** | | | | |  | | | | | | | | | |
| **Site specific location details: Add detail to describe location of high-exposure recycled water scheme on large or complex sites** | | |  | | | | | | | | | | | |
| **Type of application** | | | | | | | | | | | | | | |
| **Type of application** | | New application  Variation of an existing application  Extending an existing approval | | | | | | | | | | | | |
| Wastewater consultant engaged by proponent to prepare application for the high-exposure recycled water scheme | | | | | | | | | | | | | | |
| **Company** | | | | | |  | | | | | | | | |
| Postal Address | Street no | | | | |  | | PO Box | | |  | | | |
| Street name | | | | |  | | | | | | | | |
| Suburb/Town/City | | | | |  | | | | | | | | |
| State | | | | |  | | Postcode | | |  | | | |
| Contact Person | | | |  | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | |
| Contact numbers | | | |  | | | | | | | | | | |
| General and supporting information | | | | | | | | | | | | | | |
| Provide a summary of the high-exposure recycled water scheme | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Preliminary DoH approval checklist for a recycled water management system (RWMS) | | | | | | | | | | | | | | |
| This preliminary checklist to be used in the early engagement stage of developing a RWMS is to be lodged with DoH along with the application fee. | | | | | | | | | | | | | | |
| Provide checklist | | | | | | | | | | | |  | | |
| DoH approval checklist for a recycled water management system (RWMS) | | | | | | | | | | | | | | |
| This checklist along with supporting documentation is to be lodged with DoH as part of the application process. | | | | | | | | | | | | | | |
| Provide checklist and supporting information | | | | | | | | | | | |  | | |
| Submission of RWMS | | | | | | | | | | | | | | |
| The RWMS template is to be used to prepare a recycled water management system lodged with DoH as part of the application process. | | | | | | | | | | | | | | |
| Complete RWMS | | | | | | | | | | | |  | | |
| How to lodge this application The application and receipt of fee payment should be emailed to:  Department of Health  Public Health Directorate  Public Health and Clinical Excellence Division  5th floor, Manunda Place  38 Cavenagh Street, Darwin NT 0800  PO Box 40596, Casuarina NT 0811  Phone (08) 8922 7152  [wastewater@nt.gov.au](mailto:wastewater@nt.gov.au) | | | | | | | | | | | | | | |