

Application for exemption: Drinking water quality standards

health

Information requested in this form is collected under the authority of the *Safe Drinking Water Act 2003*. This information will be used to evaluate applications for exemptions from drinking water quality standards specified in regulation 10 and Schedule 2 of the *Safe Drinking Water Regulations 2005* (the Regulations).

Please refer to the guidance note, "*Applying for exemptions to drinking water quality standards*", for information relating to the completion of this application.

Water Supplier Information

Name:	<hr/>		
Position:	<hr/>		
Company:	<hr/>		
Address:	<hr/>		
City:	<hr/>		
State:	Postcode:	<hr/>	
Email address:	<hr/>		
Telephone:	Fax:	<hr/>	

Exemption information

- i. Standard specified in regulation 10 and Schedule 2 of the Regulations for which the exemption is requested:

- ii. Water supply for which the exemption is sought (water sampling locality; towns, cities and/or suburbs which are supplied with drinking water for which the exemption is sought):

- iii. Reason(s) for which the exemption is sought (please also attach any relevant supporting information):

iv. Time period over which the exemption is sought to apply:

Start Date (dd/mm/yyyy): _____ End Date (dd/mm/yyyy): _____

Reasons for the requested time period:

v. Description of any benefits and adverse impacts that may result from approval of the exemption:

vi. Description of measures which will be taken to eliminate or minimise any risks to public health that may occur should the exemption be approved:

Public Consultation/Notification

(Please also attach any relevant correspondence or information relating to public consultation):

(a) Description of consultation that has taken place with the relevant community:

(b) Summary of the views of the people consulted:

Declaration by Applicant

I hereby apply for an exemption under the provision of the *Safe Drinking Water Act 2003*. I declare that the information supplied in preparing this application is true.

Name:

Position:

Signature:

Date:

Please forward this completed application to:

Manager Environmental Health
Department of Health
PO Box 4541
Melbourne VIC 3001

Fax: (03) 9096 9182

E-mail: dwru@health.vic.gov.au