

Form 501 - Water Restriction Exemption Approval



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Section A - Applicant Details

Full Name:

Business/Organisation:

Residential/Business Address:

Postal Address:

Phone:

Email:

Section B - Type Of Exemption

Property Address:

- Drip Watering System
 Medical Condition (*Medical Evidence Required*)
 Bore or Well
 Other (*provide details*)

Section C - Authorisation

I declare that the information provided on this form is true and correct.

Signature:

Date:

Section D - Office Use Only

Medical Evidence Supplied:

- Yes
 No

Property Inspection Required & Sighted:

- Yes
 No

Entered in Register

- Yes
 No

Approved:

- Yes
 No

Conditions Applicable: (*see appendix*)

- 1
 2
 3
 4

Reasons:

Authorised Officer Name:

Signature:

Date:

This approval is subject to the following conditions:

<p>1. Drip Watering System</p>	<p>Residents may install dripper systems and apply to Council for approval to use the dripper system during the allowable times when the following water restrictions apply:</p> <p>Level 1-4: Dripper Systems may be used nightly for one hour between 9pm and 6am providing the system has been inspected and approved by Council and is connected to a programmable timer</p> <p>Level 5: Watering with Dripper System is not permitted</p>
<p>2. Medical Condition (<i>medical evidence required</i>)</p>	<p>Medical Certificate required stating that the resident is unable to carry buckets due to a medical condition. Medical exemption will only be granted for the period stated on the medical certificate</p>
<p>3. Bore or Well</p>	<p>Exemption from water restriction provided Council have confirmed the existence of a working well or bore and an approved sign advising that the well or bore water is in use is clearly displayed on the fence/front property boundary</p>
<p>4. Other</p>	

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