



**APPLICATION TO OPERATE AS A WATER SERVICES INTERMEDIARY**  
**(in terms of chapter 4 of the water by-law pg 6847; la 22920)**

“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.

| General |  |                   |                                  |           |                        |                 |
|---------|--|-------------------|----------------------------------|-----------|------------------------|-----------------|
| 1       | Full name of property owner                                  |                   |                                  |           |                        |                 |
| 2       | Property name  |                   |                                  |           |                        |                 |
|         | Property address   |                   |                                  |           |                        |                 |
| 3       | Tel/cell of property owner                                   |                   |                                  |           |                        |                 |
|         | E-mail address of property owner                             |                   |                                  |           |                        |                 |
| 4       | Name of responsible person (liaison person)                  |                   |                                  |           |                        |                 |
| 5       | Occupation of responsible person                             |                   |                                  |           |                        |                 |
|         | Tel/cell of responsible person                               |                   |                                  |           |                        |                 |
|         | E-mail address   |                   |                                  |           |                        |                 |
| 6       | Application made on behalf of: (Tick the applicable option.) | Personal capacity | On behalf of an entity (specify) |           | Other (specify)        |                 |
| 7       | Type of obligation incidental to water services intermediary | Landlord-tenant   | Employer-employee                |           | Other (specify)        |                 |
| 8       | Type of private land (Please attach a layout drawing.)       | Commercial farm   | Industrial/Commercial            | Game park | Sectional title/estate | Other (specify) |
| 9       | Registered owner of land                                     |                   |                                  |           |                        |                 |
| 10      | Size of the land (m <sup>2</sup> /hectares)                  |                   |                                  |           |                        |                 |
| 11      | Current land use   |                   |                                  |           |                        |                 |

|                     |   |  |
|---------------------|---|--|
| 12                  | Number of people on land/property per day:  |  |
| 13                  | Municipal account number(s)   |  |
| <b>Water source</b> |   |  |
| 14                  | Source of supply (surface /groundwater / City's treated effluent / greywater / other) (Please specify.)     |  |
| 14a                 | Do you have rights / permission / authority for the supply stated above? (Please specify and attach proof.) |  |
| 15                  | Location of abstraction/supply points<br><b>(Attach map showing the points of abstraction.)</b>             |  |
| 16                  | What is the yield of the water source?  |  |
| 17                  | Average annual rainfall in the area   |  |
| 18                  | How much water do you currently use? (kl/day)   |  |
| 18a                 | How much water do you require in terms of this application? (kl/day)  |  |
| 19                  | How have you calculated this quantity?  |  |

|   |  |                                     |
|---|--|-------------------------------------|
| 20  | <p>How do you plan to bring the water to the point of use (pipeline, pump, tanker etc.)?</p> <p><b>A meter must be installed to measure the amount of supply at the point of distribution /point of use.</b></p> |                                     |
| 21  | <p>How do you plan to log/record the quantity of water used?</p>   |                                     |
| <u>22</u>   | <p>When do you plan to abstract/access and/or use the water?</p>   | <p>Start date:</p> <p>End date:</p> |
| <p><b>Please supply information on the budget for the project in question: estimated capital and operational costs.</b></p> |  |                                     |
| <p><b>Water service</b></p>   |  |                                     |
| 23  | <p>Have recipients of the intended services been informed and have they accepted the type and level of service you are applying for?</p> <p>(How? Please elaborate.)</p>   |                                     |
| 24  | <p>What is the purpose/use of the proposed water to be abstracted / accessed?</p> <p>(Drinking, bathing, laundry, toilet flushing, etc. Please specify.)</p>   |                                     |
| 24a   | <p>If for human consumption, are you familiar with SANS 241?</p> <p>(Please attach lab reports and related information.)</p>   |                                     |
| 24b   | <p>How will compliance with SANS 241 be ensured?</p>   |                                     |

|   |  |                                  |              |                              |                        |
|---|--|----------------------------------|--------------|------------------------------|------------------------|
| 24c   | What is the level of skill and competency of the responsible person(s) involved in the management of the operation being applied for?  |                                  |              |                              |                        |
| 25  | Will the water require treatment prior to use?<br><br>If yes, what type and level of treatment will it be subjected to? (Please attach full report on the treatment processes.)                    |                                  |              |                              |                        |
| 25a   | How will you deal with by-products from the treatment process?   |                                  |              |                              |                        |
| <p>For brine disposal at Vissershok Landfill site, please contact our Solid Waste Department for guidance at <a href="mailto:Monique.Balie@capetown.gov.za">Monique.Balie@capetown.gov.za</a> / <a href="mailto:wastewise.user@capetown.gov.za">wastewise.user@capetown.gov.za</a> or Scientific Services Department, Melani Traut on 021 444 9156.</p> <p>OR</p> <p>For brine disposal at the sea, please contact the Department of Environmental Affairs : Ocean and Coast at <a href="mailto:NBajinath-Pillay@environment.gov.za">NBajinath-Pillay@environment.gov.za</a> or (021) 819 2409.</p> |  |                                  |              |                              |                        |
| 26  | Level of water supply (how the recipients will gain access to the supply in question).   | Yard tap                         | Communal tap | Reticulation network on site | Other (please specify) |
| <p><b>A reduced pressure zone (RPZ) backflow preventer must be installed to protect the municipal water supply. Upon approval of this application, an inspection to verify compliance of the installations with the Water By-law must be requested by the applicant via <a href="mailto:water@capetown.gov.za">water@capetown.gov.za</a></b></p>  |  |                                  |              |                              |                        |
| 27  | How do you plan to ensure a reliable water service of sufficient quantity and quality?<br><br>(What is your plan B should the supply/option in question encounter quantity or quality challenges?) |                                  |              |                              |                        |
| <p><b>Sanitation service</b></p>  |  |                                  |              |                              |                        |
| 28  | Type of sanitation service present or to be provided?  | Full water-borne flushing toilet |              |                              | Other (specify)        |

|     |  |                   |  |                        |
|-----|--|-------------------|--|------------------------|
| 29  | Do you intend to treat wastewater generated from this property?  | Yes               |  |                        |
|     |  | No                |  |                        |
| 30  | How do you plan to treat wastewater?<br><br>(Please elaborate on type of treatment and the purpose for re-use if any, etc, and attach applicable reports.)                           |                   |  |                        |
| 31  | Do you intend to discharge wastewater generated from this property?  | Yes               |  |                        |
|     |  | No                |  |                        |
| 32  | How and where will you discharge the wastewater?   | Municipal network |  | Other (please specify) |
| 32a | If you intend to discharge wastewater in a municipal sewer, do you have consent from the City of Cape Town to discharge effluent from this site into its network?                    | Yes               |  |                        |
|     |  | No                |  |                        |
| 33  | Will the discharge be measured?<br><br>How?<br><br><b>A meter must be installed to measure the discharge. the meter readings must be submitted to the city for billing purposes.</b> | Yes               |  |                        |
|     |  | No                |  |                        |

**Please attach all sketch / layout plans, reports and any other relevant information in support of this application.**

**Undertaking**

**I certify that the information furnished above is true to the best of my knowledge and belief and I am aware that if any part of the information submitted is found to be false / misleading at any stage, the application will be rejected and legal action may be instituted against me. I hereby acknowledge that my water services billing may be impacted should this application be approved.**

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Signature of applicant

Please send your completed application form and supporting documentation to [waterpollution.control@capetown.gov.za](mailto:waterpollution.control@capetown.gov.za) or:

Policy and Regulation Water Demand Management and Strategy  
City of Cape Town  
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