



**APPLY TO SINK A BOREHOLE/WELLPOINT  
(IN TERMS OF CHAPTER 10 OF THE WATER BY-LAW PG 6847; LA 22920)**

| General   |  |  |
|---|--|--|
| 1   | Name of applicant:   |  |
| 2   | Owner of property:   |  |
| 3   | Type of property:<br>(residential/commercial/industrial/other)                                   |  |
| 4   | Street address:  |  |
|   | Email address:   |  |
|   | Tel/cell no.:  |  |
| 5   | Existing municipal water supply meter number(s):   |  |
|   | Municipal account number(s):   |  |
| 6   | What is the yield of the supply:   |  |
| 7   | Depth to water level:  |  |
| 8   | Operating days per year:   |  |
| 9   | Number of people in the building/property per day:   |  |
| 10  | Annual rainfall in the area:   |  |
| 11  | What is the purpose of the water from the intended abstraction (toilet flushing/irrigation/etc)? |  |
| <p>If for toilet flushing, please request an inspection via <a href="mailto:water@capetown.gov.za">water@capetown.gov.za</a> to confirm compliance of the installation with the Water By-law. <b>A reduced pressure zone (RPZ) back-flow preventer must be installed to protect the municipal water supply.</b></p> |  |  |
| 12  | How much water do you require (kl/day):  |  |
| 13a   | Do you know the quality of this water?(Please attach lab reports)                                |  |
| 13b   | Do you plan to pre-treat this water? Please elaborate.   |  |
| 14  | How have you calculated the required volume?   |  |
| <b>A METER MUST BE INSTALLED TO MEASURE THE AMOUNT OF WATER ABSTRACTED</b>  |  |  |

|                  |   |                           |  |       |
|------------------|---|---------------------------|--|-------|
| 15               | How do you propose to log/record the amount of water abstracted:                    |                           |  |       |
| 16               | When do you propose to abstract and use the source of water in question?            | Start date:               |  |       |
|                  |   | End date:                 |  |       |
| <b>Discharge</b> |   |                           |  |       |
| 17               | Do you intend to discharge used water from this source?                             | Yes                       |  |       |
|                  |   | No                        |  |       |
| 18               | Where will you discharge the water:   | Municipal sewer           |  | Other |
|                  |   | If other, please specify: |  |       |
| 19               | Do you have consent to discharge water from this site into the City's sewer system: | Yes                       |  |       |
|                  |   | No                        |  |       |
| 20               | Will the discharge be measured:<br><br>How?   | Yes                       |  |       |
|                  |   | No                        |  |       |
|                  |   |                           |  |       |

**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 or misleading at any stage, the application will be rejected or permission be revoked.**

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**Signature of applicant**

Please send your completed application form and supporting documentation by email to [borehole.water@capetown.gov.za](mailto:borehole.water@capetown.gov.za) or post to:

Policy and Regulation  
Water Demand Management and Strategy  
City of Cape Town  
P O Box 100  
Goodwood  
7459