THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WATER AND IRRIGATION

FORM B



For Official Use Only	
Registration No: Zone: Catchment: Sub-Catchment:: REGION:	

APPLICATION FOR PERMIT TO DISCHARGE

(Section 75) (To be completed in Quintuplicate)

A separate application must be made in respect of each body of water

Го:	The Basin Water Office WAMI/RUVU BASIN Basin /Catchment/Sub-catchment Postal Address: <i>P.O. Box 826, MOROGORO</i> .
	Email: <u>wrbasin@yahoo.co.uk</u> Telephone No: 023 2613519
1.	Name of Applicant (Personal /Company/Trustee/ Cooperate body of Trustee.
2.	Post Address:
3.	Email:Telephone No
	Mobile No:
4.	Particulars of Land in respect of which Application is made:
a)	Village/Ward:DistrictRegion
b)	Location Code N/E or Village/ Street Name
	Ward
c)	Land Offer No. (Plot/Lease No):
d)	Hectarage:
e)	Freehold/ leasehold right of Occupancy foryears (other interest):
f)	Title of Applicant: (example) Farmer/ Chairman/Manager /CEO
g)	Name and Address of owner of reversion, if any, other than the President of the United Republic of Tanzania (if none, state none):

5.	Particulars of Permit to discharge Effluent for which application is made:
A.	 Specify for any type of discharge: (i) Volume of discharge in dry weather(m³/d)
	(ii) Maximum rate of dischargem ³ /d
	(iii) Average daily volume of trade effluent, if any, received at the worksm ³ /d
	(iv) Method of measurement of flows from the works: V-notch/weir/current meter
	(v) Maximum temperature of effluent discharge ⁰ C
	(Vi) Maximum concentration of any contaminants known to be present in the Discharge:iiiii
	ivvvvivi
	In addition, for applications for any sewage works:
	(vii) No. of residents connected
	(Viii) Expected increase in connections (growth rate/year)
B.	Specify particulars of any works
	(a) Constructed:
	(b) To be constructed:
6.	The name and address of other users downstream of the receiving body of water, who may be affected by the grant of the permit to discharge for which application is made:
7.	Method of controlling pollution in details
8.	Fee Paid TshsDateDate
Date	Name of Applicant:Signature:

Use space below for a SKETCH MAP which must contain the following particulars.

- (a) The plan of the discharging facility and the adjoining properties.
- (b) The body of water referred to.
- (c) The point of the body of water where it is desired to discharge effluent or construct treatment works. and
- (d) the true north

(If possible use a tracing form for the plan attached to your title deeds).

NOTE:

The applicant is requested to give the distance in kilometers and simple description of road to the property from the turn-off on a main road, or any well known landmark to facilitate inspection.