



FORM

(Blanks not to be photocopied. Print direct from DAKS)
(Printed on 24-Feb-26 at 14:02)

(WS-FO-206) Application for a Flow Rate Test

APPLICANT DETAILS:

CDC / DA _____ / _____

IS THIS PART OF A SECTION 68: Yes No

S68 _____ / _____

Applicant Name: _____

Applicant Postal Address: _____

Company Name (if applicable) _____

Contact Phone Number: _____

Contact Email Address: _____

Applicant must nominate: **HYDRANT ASSET ID: PHY** _____ / **PHY** _____

SINGLE HYDRANT TEST **OR** **SIMILTANEOUS DUAL HYDRANT TEST**

PROPERTY TO BE TESTED

Street Address: _____

Lot: _____ Assessment no: _____

DP: _____ Parcel: _____

Description: _____

(e.g. 6 x Residential Flats)
(see note 1)

Does Building Height exceed 25 metres? Yes No

PURPOSE OF FLOW TEST

Fire Service Yes (see note 3) No

Connection to Town Supply Yes No

Mains extension Yes No

Other Yes No

New street hydrant installation required? Yes No

If Fire Service:

Internal Hydrants Yes No If Yes, how many? _____ (see note 3)

Hose Reels Yes No If Yes, how many? _____ (see note 3)

Sprinklers Yes No If Yes, how many? _____ (see note 3)

Applicant Signature: _____ Date: _____ / _____ / _____

NOTE:

1. Attach plans or draw plan overleaf, include as much information as possible.
2. Applicable fee (see current Management Plan – Fees & Charges) **MUST** be paid with lodgement of application.
3. Hydraulic Calculation Report will be required for connection/part connection to a fire service.
4. Test results are valid for 6 months.
5. Please work off 40 meters head pressure to accommodate future installation of pressure reduction valves.

OFFICE USE ONLY:			
Receipt Code 215	Fund: 141117.0521	(Fee MUST be paid with lodgement of application)	
Payment Amount: \$ _____	Receipt Number: _____	Date Received: ____ / ____ / ____	
CSO Signature _____		CRM No. _____	
Applicant NAR: _____	Applicant Notified: Yes <input type="checkbox"/>	Date: ____ / ____ / ____	
Requires Hydraulic Calculation Report? Yes <input type="checkbox"/> No <input type="checkbox"/>			



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SITE PLAN:

Approved: Quality Systems Manager	Group / System: Utilities	Document ID: WS-FO-206	Version: 6
Relevant To: Water Operations	Date Issued: 23-Jul-08	Revised: 23-Feb-26	Status: Approved
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