

(WS-FO-240) WATER APPLICATIONS

I/we make application to have the following works/services carried out and pay any applicable fees and ongoing annual charges as set out in Councils Revenue Policy.

Water Meter Connection ☐
Water Meter Relocation ☐
Water Main Extension ☐

Water Meter Disconnection ☐
Water Meter Resizing ☐

Is this application part of a D/A? ☐ Yes ☐ No D/A No. _____/_____

DETAILS OF PROPERTY / PREMISES:

Owners Name(s): _____

House/Farm Number: _____ Street/Road Name: _____

Town/Village: _____

Lot No: _____ Section No: _____ DP No: _____

Parcel No: _____ Assessment No: _____

APPLICANTS DETAILS:

Applicants Name: _____

Postal Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____
_____ Date: _____

TYPE OF WATER SUPPLY: (Tick only one)

☐ Potable (drinking water) ☐ Non-Potable (raw water)
☐ Size Requested _____ mm (If > 20mm, see Notes c, d & j below)

TYPE OF CONNECTION: (Tick only one)

☐ Residential ☐ Commercial ☐ Industrial ☐ Irrigation only ☐ Fire Service (See Note d, g & J below)
☐ Other (please state) _____

TYPE OF PREMISES: (Tick only one)

☐ House ☐ Units/Flats ☐ Farm ☐ Commercial ☐ Industrial
☐ Other (please state) _____

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RESIZING OF METER: ☐

Current Size _____ mm

Size Requested _____ mm

☐ Domestic ☐ Commercial ☐ Industrial ☐ Non-Potable ☐ Fire Service (See Note d, g) & j below)

☐ Other (please state) _____

DISCONNECTION OF METER ☐

Meter Number: _____

Meter Size: _____ mm

Reason for Disconnection: _____

Note: Once the meter has been disconnected & removed, any future application to have it reconnected will be charged at the full cost as if a new meter was being installed

RELOCATION OF METER: ☐ (By Quotation Only)

Meter to be relocated: (See c & j below)

Meter Number: _____

Meter Size: _____

GENERAL SITE SKETCH PLAN TO SHOW:

Site plan must include position of all buildings, pathways and drives and road names. (Please mark with an **X** where you require the meter.

Nearest Side Road/Street

Nearest Side Road/Street

House / Farm / Lot No.....

Street/ Road Name.....

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Note:

- a) Clause 12 of Water, Sewerage and Drainage Regulations Local Government Act, 1993: *The only persons permitted to tap a Council main under this clause are Council staff acting in the course of their duty.*
- b) Clause 47 of Water, Sewerage and Drainage Regulations Local Government Act, 1993: *A person must not begin carrying out water supply, sewerage or drainage work unless the person is holder of a permit issues in accordance with the Plumbing and Drainage Code of Practice.*
- c) Water Services must be sized in accordance with Australian Standards AS 35001: Water Supply under the National Plumbing and Drainage Code.
- d) Where the requested service is greater than 20mm and for provision of fire services, the application is to be accompanied by hydraulic calculations prepared by an appropriately qualified hydraulic engineer.
- e) The site plan overleaf is to be completed to indicate the position of meter. This is only an indication & may need to be amended.
- f) A connection may take up to 21 days to be completed.
- g) An application will be returned if all required information is not provided.
- h) Council is required to administer a backflow prevention program in accordance with the National Plumbing and Drainage Code AS 3500.1 and as such a Backflow Prevention Device maybe required to be installed with your meter (fees applicable).
- i) The water meter must be accessible to Council staff & contractors at all times.
- j) Where requested service is > 25mm, prices are to be quoted.

OFFICE USE ONLY

Installation Fee: \$ _____

Checked by: _____

Disconnection Fee: \$ _____

(CSO Print Name)

Receipt No. _____

Signature: _____

Date Paid: _____

CRM No _____
(Records)

TO BE COMPLETED BY WATER & WASTEWATER CO-ORDINATOR

Hazard Level:

- ☐ High
☐ Medium
☐ Low

Connection Material:

- ☐ Copper
☐ HDPE
☐ Other _____

Supply Type:

- ☐ Domestic
☐ Industrial
☐ Irrigation
☐ Other _____
- ☐ Fire
☐ Commercial

Job No. _____

Authorised by _____

Print Name: _____

Comments: _____