

**FORM**

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(Printed on 09-Feb-23 at 11:02)

(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: _____

Contact Phone Number: _____

Contact Email Address: _____

PROPERTY TO BE TESTED

Street Address: _____

Lot: _____ Assessment no: _____

DP: _____ Parcel: _____

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

Does Building 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 ☐Is a street hydrant 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 40-60mts 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 ☐ Date: _____ / _____ / _____Requires Hydraulic Calculation Report? Yes ☐ No ☐

Approved: Quality Systems Manager	Group / System: Utilities	Document ID: WS-FO-206	Version: 5
Relevant To: Water Operations	Date Issued: 23-Jul-08	Revised: 9-Feb-23	Status: Approved
			Page: 1 of 2



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SITE PLAN: