

## FLOW TEST APPLICATION FORM - WS5

To apply for a private fire contractor to carry out work on the Council's water supply network, please complete this application form and attach any relevant supporting documentation. The processing of this application may be delayed if the form is incomplete.

**Return completed form via email to [watercapacity@ccc.govt.nz](mailto:watercapacity@ccc.govt.nz) and [ronald.polon@ccc.govt.nz](mailto:ronald.polon@ccc.govt.nz)**

CSR #

### Part A – Applicant Details *Details of the person making this application*

Full Name(s):

Company Name:

Application Address:

Phone:

Mobile:

Email:

### Part B – Site Details

Location (Road Name):

Valve Tagging System Used:

TMP Plan Number:

SMTF Name:

Site Plan attached:  YES

### Part C – Test Details

Full Name of Valve Operator:

Location of Test (Road Name):

Number of Hydrants to be Operated:  1  2  3  Other

Number of Sluice Valves to be Operated:  1  2  3  Other

Date of Test:

Proposed Time of Test:

### Part D - Authorisation

*I, the undersigned, hereby declare that the information given on this application is true and correct, that I am authorised to sign this form on behalf of the company/owner, and that I have read and understand the terms and conditions.*

Yes, I have read, understand and agree to the Council's terms and conditions as outlined in the Council's specification for water supply installers.

Name:

Signature:

Date:

### OFFICE USE ONLY

Pump Station Number:

Pump Isolated

Approved by:

Usual Pressure:          KPA          to          KPA