

Permit to Work Application Process:

- Complete Part 1 (pages 1-2) of this form.
- Email the form with all relevant supporting documentation (this includes Council Three Waters & Waste stamped plans for water supply and wastewater reticulation (<https://ccc.govt.nz/assets/Documents/Consents-and-Licences/construction-requirements/guidance-notes-for-approved-contractors/2018-03-09-CWW-Stamped-Plan-Required-for-WS-WW-and-SW-works-update-3.pdf>) to one of the email addresses below, using 'Permit to Work' as email subject.
 - For water supply reticulation permits: AWSI@ccc.govt.nz
 - For wastewater reticulation including pressure sewer or vacuum tank permits: AD@ccc.govt.nz
 - For pump station, reservoir or treatment plant permits: permittoworknetworkoperations@ccc.govt.nz
- CCC will complete the details in Part 2 (page 3) and send the approved permit back to the applicant.
- The applicant is required to complete Part 3 (page 4) during the works.

Please note that the processing of this application may be delayed if Part 1 is submitted incomplete.

Part 1 – To be completed by the applicant

A – Contact Details		
Head Contractor:		
Phone:	Mobile:	Email:
Subcontractor:		
Phone:	Mobile:	Email:
Name of CCC Authorised Water Supply Installer / Drainlayer who supervises the work at all times (for water supply and wastewater reticulation, wastewater pressure and vacuum tank work only)		
Phone:	Mobile:	Email:

B – Work Details
Location:
The work is required to facilitate:
<input type="checkbox"/> Council maintenance work <input type="checkbox"/> Council contract <input type="checkbox"/> Subdivision / development <input type="checkbox"/> Private work
Reference No. (CCC contract, RMA, BC):
Description of work – attach a plan for the proposed modifications for each worksite:

C – CCC Assets Affected by the Work
<input type="checkbox"/> Water supply reticulation: shut off less than 4 hours <input type="checkbox"/> Wastewater reticulation
<input type="checkbox"/> Water supply reticulation: shut off more than 4 hours <input type="checkbox"/> Wastewater pressure or vacuum tank
<input type="checkbox"/> Water supply reservoir <input type="checkbox"/> Wastewater pump station
<input type="checkbox"/> Water supply pump station <input type="checkbox"/> Wastewater treatment plant
<input type="checkbox"/> Water supply treatment plant <input type="checkbox"/> Wastewater overflow / odour control site
<input type="checkbox"/> Other

The following sites / pipelines will be shut down / bunged / over-pumped for the work:

How will the shutdown / bung / over-pumping be facilitated: Remote electronic shut down Lockout Isolation and

Does the shutdown require treatment plant notification? Yes No

D – Timing

Work Start Date / Time: Work Finish Date / Time:

Flow diversion will be left in place outside of work hours: Yes No

Flow diversion will be left in place during wet weather: Yes No

E – Health & Safety

Details of steps taken to eliminate, control or contain hazards in the following safety areas

Worker:

Plant:

Public:

Environment:

Other:

F – Declaration

I, the undersigned (applicant), confirm that:

All the details set out in and/or attached to this application are complete and accurate in all respects.

I understand the terms and conditions and the precautions to be taken under this permit.

Name:

Signature:

Date: DD / MM / YYYY

Part 2 – To be completed by CCC

Permit to Work Terms and Conditions		
Permit Validity Period:	Start Date: Time:	End Date: Time:
Does the contractor need to follow any special instructions or terms & conditions?	<input type="checkbox"/> Yes – see details below <input type="checkbox"/> No	
Special instructions / terms & conditions:		

CCC Approval	
Reticulation Maintenance Manager for reticulation permits, Network Operations Manager or Engineer for pump station / reservoir / TP permits.	
Name: Reticulation Maintenance Manager	
Signature:	Date: DD / MM / YYYY
Name: Network Operations Manager	
Signature:	Date: DD / MM / YYYY
Name: Network Operations Engineer	
Signature:	Date: DD / MM / YYYY
Name: Operations Delivery Lead – Water Treatment	
Signature:	Date: DD / MM / YYYY

Part 3 – To be completed by the contractor during the works

Commencement of shutdown / bung / over-pumping	
I confirm that the shutdown / bung / over pumping has been commenced in accordance with this permit. Services have been suspended and the facilities are ready for work.	
Site Supervisor:	
Signature:	Date: DD / MM / YYYY

Completion of shutdown / bung / over-pumping	
I confirm that the shutdown / bung / over pumping has been completed in accordance with this permit. Services have been restored and the facilities are ready for service.	
Site Supervisor:	
Signature:	Date: DD / MM / YYYY

Reinstatement of Facilities	
I confirm that all equipment has been returned to service, safety signs have been removed and the users informed that normal operations may resume in this area.	
Site Supervisor:	
Signature:	Date: DD / MM / YYYY