

Application for Fire Flow Testing

Postal AddressHead OfficeCambridge OfficePrivate Bag 240207 872 003007 823 3800Te Awamutu 3840101 Bank Street23 Wilson StreetNew ZealandTe Awamutu 3800Cambridge 3434

Company Name:	
Full name of contact:	
Contact address (include post code	e):
Phone number: Email address:	
 Hydrant location map to be test Method statement minimum re Dates & time (duration Details of works to be contacted hazards Personnel on site 	proved by Waipa District Council): ted and their asset ID's equirements, include: of testing) completed i.e. visual inspection, flow testing & identifying e. how disposing to minimise impact on the environment from
I declare the above details are correct a	nd I will observe and comply with the conditions stated above, cation and with the Waipa District Council Water Supply Bylaw
PERMIT FEE @ \$25.00 ONE OFF CHARGE (GST incl.)*	
Signature Date Date	
OFFICE USE ONLY	
DATE PERMIT RECEIVED	
RECEIVING OFFICER	

CHARGE CODE 10.350000.1650

DATE PERMIT ISSUED