

# APPENDIX A – WATERMAIN SHUTDOWN REQUEST FORM

(Prior to shutdown) Form: 5421148

APPLICANT TO COMPLETE:				
Company:				
Contact name:				
Contact number:				
<b>Details of shutdown:</b>				
Contract No:				
Requested date & time of shutdown:				
Alternative date & time of shutdown: <i>Should there be unforeseen delays this date will be set aside to complete works. This will need to be included on the on the customer shutdown notification</i>				
Location of works:				
<b>The proposed schedule is:</b>	<b>Start</b>	<b>End</b>	<p style="text-align: center;">(Allow minimum 30 minutes)</p> <p style="text-align: center;">(Include draining, disinfection, connection etc)</p> <p style="text-align: center;">(Allow minimum 30 minutes)</p> <p style="text-align: center;"><b>Maximum 4 Hours</b></p>	
<i>WDC Shutdown</i>				
<i>Contract Works</i>				
<i>WDC Recharge mains</i>				
<b>Total Time</b>				
Are new lines tested & disinfected to WDC approval?		Yes	No	N/A
Estimated number of domestic customers affected by proposed closure <i>Note: it is the applicants job to notify affected parties</i>		0-50	51-100	100+
Estimated number of other customers affected by proposed closure		0-50	51-100	100+
Number of valves exercised?				
<b>Valve ID</b>	<b>Valve Type</b>	<b>Location Description</b>	<b>Approved by WDC</b>	
PROJECT ENGINEER TO COMPLETE <i>(To be completed before sending on to approvers)</i>				
<b>The following approvals &amp; requirements have been satisfied (delete as required)</b>				
<i>Highlighted plan showing mains &amp; services to be affected? (Attach plans)</i>			Yes	No/NA
<i>Approved Contractor &amp; Contact details provided?</i>			Yes	No/NA
<i>Dialysis patients in affected area?</i>			Yes	No/NA
<i>Approved Program Methodology attached? See appendix B</i>			Yes	No/NA
<i>Contingency Plan provided?</i>			Yes	No
<i>Mains have been flushed, disinfected and testing witnessed?</i>			Yes	No/NA
<i>Contractor informed Connection to Council supply required within 10 working days of any clearance/bacto sampling? An email from the testing laboratory indicating a PASS bactero result</i>			Yes	No

may be forwarded to Council, whilst waiting for the endorsed laboratory report, as these may not be released for a few days.		
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<b>APPROVAL</b>	
<i>Comments/areas requiring special attention:</i>	
<i>Shutdown Card Required: 48 Hours (select one)</i>	<i>Time &amp; date approved:</i>
<i>Public Notification requirements:</i>	
<i>Consulting Engineer/Project Engineer/Development Engineer name, date &amp; signature:</i>	<i>Network Team Leader name, date &amp; signature:</i>
<i>Applicant name, date &amp; signature:</i>	

**APPROVED SHUTDOWN FORM TO BE SENT TO APPLICANT PRIOR TO SHUTDOWN**

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