Enquiries 1300 720 711 Fax: (03) 5956 4101 e-mail: westport@westernportwater.com.au 2 Boys Home Road Newhaven VIC 3925



## **Application for Water Connection**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|-------------------------|--------------|----------------|---------|---------|---------------|----------------|------------|-----------|
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| PROPERTY DET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AILS                                                                                                                                                                                       |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
| Street No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lot No                                                                                                                                                                                     | ).                                                                                                                     | S                                                                                      | Street Nar                                                               | ne:                                               |                         |              |                |         |         |               |                |            |           |
| Suburb:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Suburb: Post Code:                                                                                                                                                                         |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
| Applicants are required to submit an A4 scaled plan with this application detailing the floor plan. Please note if this application is not completed in full and/or a plan is not accompanying the application, we may not process the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
| OWNER DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                                                                                                                                                                          |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                                                                                                                        |                                                                                        |                                                                          | Pł                                                | none:                   |              |                |         |         |               |                |            |           |
| CONNECTION TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PE AND FEES                                                                                                                                                                                |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er requires that when                                                                                                                                                                      |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                | must a  | also co | nnect         | to <u>recy</u> | cled water | <u>ər</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t Tapping 20mm                                                                                                                                                                             |                                                                                                                        | \$324.75                                                                               |                                                                          | Water-                                            |                         |              |                |         |         |               | \$             | 257.55     |           |
| Dual Occupancy Wet Tapping 20mm \$649.50 Dual Occupancy Dry Tapping 20mm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         | \$           | 515.10         |         |         |               |                |            |           |
| Wet Tappin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | g 25 — 225mm                                                                                                                                                                               |                                                                                                                        | P.O.A.                                                                                 |                                                                          | Class A                                           | Recycl                  | ed Wa        | ter—Di         | гу Тарр | ing*    |               | \$             | 580.95     |           |
| Ferel Bend:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Poly:                                                                                                                                                                                      | Copper:                                                                                                                |                                                                                        | Hole Siz                                                                 | <b>e:</b> (Min 1                                  | M x1M)                  | ١            |                |         |         |               |                |            |           |
| PLUMBER DETAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LS                                                                                                                                                                                         |                                                                                                                        |                                                                                        |                                                                          |                                                   |                         |              |                |         |         |               |                |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                            |                                                                                                                        |                                                                                        |                                                                          |                                                   | Licen                   | se No        | ):             |         |         |               |                |            |           |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                                                                                                                        |                                                                                        |                                                                          | rb: Post Code:                                    |                         |              |                |         |         |               |                |            |           |
| Name:<br>Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                                        | Su                                                                                     | ıburb:                                                                   |                                                   |                         |              |                |         |         |               |                |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                            | E                                                                                                                      | Su<br>imail:                                                                           | ıburb:                                                                   |                                                   |                         |              |                |         |         |               |                |            | _         |
| Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LARATION                                                                                                                                                                                   | E                                                                                                                      |                                                                                        | ıburb:                                                                   |                                                   |                         |              |                |         |         |               |                |            |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne owner that Access                                                                                                                                                                       | Charges will apply t                                                                                                   | mail:                                                                                  | day of the n                                                             | -                                                 |                         |              |                |         | nree r  | manda         | atory          |            |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Clainspections at the street of the Note: Where Clainspections at the street of the Note: Where Clainspections at the Note: Where Clainspections at the Note: Where Clainspections are the Note: Where C  | ne owner that Access<br>ass A Recycled V<br>the following stag                                                                                                                             | Charges will apply t                                                                                                   | mail:                                                                                  | day of the n                                                             | -                                                 |                         |              |                |         | hree r  | nanda         | atory          |            |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne owner that Access<br>ass A Recycled V<br>the following stag                                                                                                                             | Charges will apply t                                                                                                   | mail:                                                                                  | day of the n                                                             | -                                                 |                         |              |                |         | nree r  | manda         | atory          |            |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Clainspections at the Main to Meter state Meter to Rough-in Final Inspection at the plumber of the Plumber of the Note of the  | ne owner that Access<br>ass A Recycled V<br>the following stag<br>age<br>in stage                                                                                                          | Charges will apply to describe the connection of the connection of the connection of the contact the contact the       | rmail:  from the first of ted (Dual p                                                  | day of the n                                                             | em), th                                           | e PIC                   | will u       | ndert          | ake tl  |         |               | •              | f          |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Clainspections at the Main to Meter state Meter to Rough-in Final Inspections at the state of the st  | ne owner that Access ass A Recycled V the following stag age in stage stage ers responsibility                                                                                             | Charges will apply to contact the of \$323.40 (inc G                                                                   | from the first of ted (Dual p                                                          | day of the n bipe syste                                                  | em ), the                                         | e PIC                   | will u       | ndert          | ake ti  | ectio   | ns. Th        | e fee o        | f          |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Clainspections at the Main to Meter state Meter to Rough-in Final Inspections. It is the plumber \$564.35 includes the Separate meters not acceptable a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne owner that Access ass A Recycled V the following stage age in stage stage ers responsibility e PIC Inspection Fee are to be used for the                                                | Charges will apply to vater is connect the of \$323.40 (inc Go dual pipe system a seft                                 | from the first of ted (Dual properties)  PIC on (0:ST)  and installed y                | day of the n bipe syste 3 )8792 8. within 2 wor                          | em), th                                           | e PIC                   | will u       | ndert          | ake ti  | ectio   | ns. Th        | e fee o        | f          |           |
| Street: Phone: PLUMBER'S DEC  I have advised the Note: Where Clainspections at the Main to Meter state Meter to Rough-in Final Inspection It is the plumber \$564.35 includes the Separate meters not acceptable and Any tapping excapable and state of the Note of | ne owner that Access ass A Recycled V the following stage age in stage stage ers responsibility e PIC Inspection Fee are to be used for the nd constitute water the vation deeper than 1.5 | Charges will apply to vater is connection to contact the of \$323.40 (inc Go dual pipe system a seft to metres MUST be | rom the first of ted (Dual properties)  PIC on (0: ST )  and installed votables shored | day of the n bipe syste 3)8792 8. within 2 work                          | em), the                                          | e PIC                   | will u e for | ndert<br>these | insp    | ection  | <b>ns.</b> Th | e fee o        |            |           |
| Street: Phone: PLUMBER'S DEC  • I have advised the Note: Where Clainspections at the Main to Meter state Meter to Rough-in the State Note: The Plumber State Note: The Plumber State Note: The Plumber State Note: The Plumber Note:  | ne owner that Access ass A Recycled V the following stage age in stage stage ers responsibility e PIC Inspection Fee are to be used for the                                                | Charges will apply to contact the of \$323.40 (inc Godul pipe system a fit of metres MUST be opplicant declared.       | FIC on (03 ST) and installed v                                                         | day of the n bipe system 3)8792 8.  vithin 2 work I or benched y are aut | em), the<br>221 to a<br>king days<br>d<br>horised | e PIC                   | will u e for | ndert<br>these | insp    | ection  | <b>ns.</b> Th | e fee o        |            |           |

I HAVE READ AND ACCEPT THE ABOVE CONDITIONS SIGNATURE -

Office Use Only
To be completed by Westernport Water

| PAYMENT DETAILS                       |              |       |   |   |   |
|---------------------------------------|--------------|-------|---|---|---|
| Receipt No: CRM No:                   |              | Date: | / | / |   |
| ASSET DEPARTMENT AUTHORISATION        |              |       |   |   |   |
| Authorised: Initials: Signed:         |              | Date: | / | / | _ |
| PROCESSING AUTHORISATION              |              |       |   |   |   |
| CSO Checked:                          | Date:        | /     | / |   |   |
| SCSO Authorised:                      | Date:        | /     | / |   |   |
| Approval Number:                      | <del>-</del> |       |   |   |   |
| METER DETAILS                         |              |       |   |   |   |
| Meter Size:                           |              |       |   |   |   |
| Mains Size:                           |              |       |   |   |   |
| Meter Make:                           |              |       |   |   |   |
| Meter Number:                         |              |       |   |   |   |
| Tapping-Long: Tapping-Short:          |              |       |   |   |   |
| Meter Code:                           |              |       |   |   |   |
| Meter Reading:                        |              |       |   |   |   |
| Meter Location:                       |              |       |   |   |   |
| GPS -S: GPS -E:                       |              |       |   |   |   |
| Walk Sequence:                        |              |       |   |   |   |
| CERTIFICATION OF COMPLETION           |              |       |   |   |   |
| Tapped By:                            |              |       |   |   |   |
| Tapped Date: / /                      |              |       |   |   |   |
| Passed By:                            |              |       |   |   |   |
| Passed Date: / /                      |              |       |   |   |   |
| INFORMATION UPDATED TO ASSET REGISTER |              |       |   |   |   |
| Assigned                              |              |       |   |   |   |
| Asset Number:                         |              |       |   |   |   |
| Signed:                               | Date:        | 1     |   | / |   |