

**APPENDIX A – WATERMAIN SHUTDOWN REQUEST FORM**

*(Prior to shutdown)* **Form: 5421148**

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| **APPLICANT TO COMPLETE:** |
| Company: |
| Contact name: |
| Contact number: |
| **Details of shutdown:** |
| Contract No**:** |
| Requested date & time of shutdown:  |
| Alternative date & time of shutdown: *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* |
| Location of works: |
| ***The proposed schedule is****:* | ***Start*** | ***End*** |  |
| *WDC Shutdown* |  |  | *(Allow minimum 30 minutes)* |
| *Contract Works* |  |  | *(Include draining, disinfection, connection etc)* |
| *WDC Recharge mains* |  |  | *(Allow minimum 30 minutes)* |
| ***Total Time*** |  | ***Maximum 4 Hours*** |
| Are new lines tested & disinfected to WDC approval? | Yes | No | N/A |
| Estimated number of domestic customers affected by proposed closure*Note: it is the applicants job to notify affected* *parties* | 0-50 | 51-100 | 100+ |
| Estimated number of other customers affected by proposed closure | 0-50 | 51-100 | 100+ |
| Number of valves exercised? |
| **Valve ID** | **Valve Type** | **Location Description** | **Approved by WDC** |
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| **PROJECT ENGINEER TO COMPLETE *(To be completed before sending on to approvers)*** |
| **The following approvals & requirements have been satisfied (delete as required)** |
| *Highlighted plan showing mains & services to be affected? (Attach plans)* | *Yes* | *No/NA* |
| *Approved Contractor & Contact details provided?* | *Yes* | *No/NA* |
| *Dialysis patients in affected area?*  | *Yes* | *No/NA* |
| *Approved Program Methodology attached? See appendix B* | *Yes* | *No/NA* |
| *Contingency Plan provided?* | *Yes* | *No* |
| *Trial Shutdown completed successfully?* | *Yes* | *No* |
| *Mains have been flushed, tested, disinfected? (Attach signed copy of results)* | *Yes* | *No/NA* |
| *Has contractor met with WDC Retic Staff?* | *Yes* | *No/NA* |
| *Connection to council supply within 10 working days of any clearance/bacto sampling?* | *Yes* | *No* |

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| **APPROVAL**  |
| *Comments/areas requiring special attention:* |
| *Shutdown Card Required: 48 Hours (select one)* | *Time & date approved:* |
| *Public Notification requirements:* |
| *Consulting Engineer/Project Engineer/Development Engineer name, date & signature:**Applicant name, date & signature:* | *Network Team Leader name, date & signature:* |

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