

**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**