



Network works-over inspection report

Please complete and return this form to
Email: networkworksover@water.co.nz
Phone: (09) 442 2222 Website: www.watercare.co.nz

Important information

The following inspection checklist must be read in conjunction with Watercare's Works-over Approval and Code of Practice. **Signed Asbuilt drawings must be** attached to this report and submitted to Watercare for approval. Refer to the **INSPECTION CONDITION** stamped on your Workover Approval Plan

1. Engineer details

WO approval	<input type="text"/>	Visit #	<input type="text"/>	Inspection type	<input type="text"/>
Site address	<input type="text"/>				
Engineer's name	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>	Time	<input type="text"/>
Accreditation	<input type="text"/>	Weather	<input type="text"/>	Photos taken	<input type="text"/>

2. Foundation Inspection Report

(Note: Please ensure that all information provided is as per Approved Plan issued. Any changes on the Approved Plan including horizontal and vertical clearance from the wastewater pipe will require an amendment of your Initial Workover Approval)

Inspection details	Comments	Initial
1 Observe onsite Health and Safety compliance		
2 All affected mains accurately located and marked on site		
3 Piles and/or foundation locations marked in relation to the mains.		
4 Piles and/or foundations drilled/excavated to correct depths.		
5 Horizontal and Vertical Clearances met as per this Works-over approval and Approved Building Consent.		
6 All works completed and constructed in accordance with this Works-over approval.		

Declaration

I declare that: (Please tick to confirm each statement)

- ☐ The works have been inspected in accordance with Watercare's Works-over approval and the approved Building Consent and meets Watercare engineering standards, drawings and code of practice.
- ☐ I understand that Watercare will rely on this statement to confirm compliance of this Works-over Approval.
- ☐ I understand that if I become aware of any change in circumstance or any reason why the information covered by this statement might not be correct in relation to Watercare's Works-over approval and the approved Building Consent, I must notify Watercare as soon as possible.

Name	<input type="text"/>	Signature	<input type="text"/>
CPENG #	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>