

Network shutdown request

This application is for water and/or pressurised wastewater only. Please note, only Watercare maintenance contractors may operate on the above public water and pressurised wastewater networks.

Please complete and return to
Post: Watercare, Private Bag 94010, Auckland 2241
Email: compliance@water.co.nz
Phone: (09) 442 2222
Website: www.watercare.co.nz

1. Site details

Legal site address (must comply with Auckland Council numbering standards)

Street number Street name

Suburb Postcode

Lot number Deposited plan (DP) number Certificate of Title (CT) number

Date of request:

2. Contact details: point of contact

I am the point of contact who will communicate with Watercare for the duration of the project.

First name Last name

Company

Postal address: Street number Street name or PO Box

Suburb Postcode

Work phone () Mobile

Email

3. Billing details

Payee details associated with this application. Please tick one:

Developer Consultant engineer Wastewater contractor Water contractor Other

First name Last name

Company (if applicable)

Postal address: Street number Street name or PO Box

Suburb Postcode

Phone () Mobile

Email

4. Required documents

I confirm that I have been granted pre-acceptance by Watercare

Watercare pre-construction request reference number:

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Draft as-built plan

Yes, I have attached:
(Please tick)

Approved EPA plan highlighting the proposed connection points and detailed sections

Detailed connection methodology

Note: Network authorisation approval is required to connect to the wastewater gravity network

5. Scope of works

Please briefly describe the proposed works, e.g. 150 mm PE pipe connecting to a 200 mm public watermain. If you need more writing space, please attach a separate sheet of paper.

6. Marked location of connection point(s)

Please go to <https://www.watercare.co.nz/Water-and-wastewater/Building-and-developing/GIS-maps> and use the GIS viewer to find the Watercare assets that are relevant to your application.

Please specify those assets using their GIS asset IDs.

1.

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2.

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If there are more than two asset IDs, please attach a separate list.

Proposed connection date:

DD / MM / YYYY

7. Authorisation

I declare that the information given on this application is true and correct.

Name

Signature

Company

Date

DD / MM / YYYY

Privacy

We may use this information to process your application, update our records or help improve our services. We will not disclose it unless required by law. You have the right to access your information, and you can ask us to correct any errors.