

Works Over approval

Apply for approval to start working over or near our assets on public and private property.

Please complete and return this form to

Post: Watercare, Private Bag 94010, Auckland 2241

Email: worksover@water.co.nz

Phone: (09) 442 2222 Website: www.watercare.co.nz

Important information

Before you fill in this application, please visit Watercare GIS viewer, where you can find out which assets are on your planned work site. This may include pipe size, type of network, the process for wastewater pipes, etc.

You need to complete this form for any works within 10 meters of a Watercare critical asset (i.e. transmission mains, rising mains of any size, or local mains 300 mm diameter or greater) and within 2 meters of non-critical Watercare assets..

Important: Do not CCTV transmission mains, and rising mains.

Charges apply for processing this application and full payment must be received before any approval is granted. Please refer to our charges.

Please refer to our charges.							
To apply for works over approval, please fill out this form, attach all the required documents, and email to worksover@water.co.nz.							
Pipes on public property							
Apply for approval to start working over or near our critical and noncritical pipes of any size on public property							
Checklist Yes, I have attached (please tick):							
Pdf copy of Watercare GIS Map showing the area of works							
If available, your beforeUdig sequence number:							
A plan showing the proposed works in relation to our water and wastewater pipes							
A cross-section drawing showing vertical and horizontal clearances from all water and wastewater pipes and manholes							
Pipes on private property							
I confirm that the pipes are 300mm or are less than and are less than are working near are 300mm in diameter (Do NOT CCTV rising mains)							
Network Group (Please refer to Watercare GIS viewer to confirm the Network group of the pipe)							
Transmission (Do NOT CCTV transmission mains) Local							
Checklist Yes, I have attached (please tick):							
A foundation plan showing the proposed development in relation to our water and wastewater pipes							
A cross section drawing showing vertical and horizontal clearances and the 45° line of influence taken from a point 500mm below the invert level of the affected pipe							
The correct legal address of the site, which complies with Auckland Council's numbering standards							
A cross-section drawing showing vertical and horizontal clearances from all water and wastewater pipes and manholes							

Works Over approval

	showing	d, a pre-construct the condition of the ponot CCTV transm	ne public lo	cal network waste	ewater pipe	ets less than es.	6 months old			
Clearance distances:	I have checked the clearance requirements.									
1. Applicant's	detail	S								
Consultant	Contractor	owner	other	– please specify						
First name			Last nam	2						
Company (if applicabl	le)									
Postal address:										
Street number		Street name or P	О Вох							
Suburb						Postcode				
Email										
Phone ()				Mobile						
2. Property ov	vner's (details (if d	ifferent	from appli	cant's))				
First name			Last name	2						
Company (if applicabl	e)									
Postal address:										
Street number		Street name or P	О Вох							
Suburb						Postcode				
Email										
Phone ()				Mobile						
3. Client's det	tails (if	different fr	om abo	ve)						
First name	irst name			Last name						
Company (if applicabl	e)		-							
Postal address:										
Stroot number		Ctroot name as D	O Pov							

6. Site address or location (for works on public property)

Works Over approval

4

7. Work deta	ils				
Investigation	Works over	other – please	specify		
Construction start d	ate: DD / M	M / YYYY	Constr	uction end date	DD / MM / YYYY
Briefly describe the	work you plan to do	, and the type of	pipes you will	be working near	e.g. water, wastewater or both:
Method (e.g. trench	ing, thrusting):				
Plant used (e.g. 20T	digger):				
Dimensions of work	(including depth):				
8. Declaration					
I declare that the info indicated.	ormation given on thi	s application is t	rue and correct	. I agree to pay a	ll applicable charges for the services
Name				Signature	
				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.