

## 3 WATERS

# Connect to Council Water Infrastructure Application Form

**No work shall be undertaken on Council water infrastructure without completion of this form and oversight of designated Council staff. This form must be submitted at least 8 working days in advance of the proposed works commencing.**

**Key to filling in this form:**

**Applicant** to fill in the general form fields, and provide attachments as referenced.

**Council Engineer** to fill in the green cells (this is the Subdivisions Engineer for subdivisions, or the Engineer's Representative for Council capital projects).

**Water Unit** responsible for actions in the grey cells.

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the boxes throughout this form you are giving your authority for this application to proceed.

**Process:**

1. **Applicant** provides all details of how and when connection will be made (blank cells).
2. **Council Engineer** to sign off appropriate boxes (green cells).
3. Once all blank and green cells are completed, the **Council Engineer** shall pass the completed form on to the 3 Waters Unit for review.
4. **Once signed by 3 Waters**, Council Engineer to email signed form to applicant and Water Unit (waterunitadmin@wmk.govt.nz) to book in the standover for the connection. The Council Engineer shall also generate a Work Order for the Water Unit (Work Type 'WATER – Customer Paying' for connections where the applicant is paying).
5. **Upon approval by 3 Waters, the Water Unit shall:**
  - Receive the completed form;
  - Review information provided, request any clarifications if necessary, and liaise with applicant to book in connection
  - Ensure actions assigned to them are completed (grey cells). Some Water Unit actions are required prior to the connection, others on the day of connection.

**Timeframe:**

12-15 Working Days Prior	Min. 8 Working Days Prior	Min. 5 Working Days Prior	Proposed Date of Works
Completion of chlorine disinfection	Submit this form with attachments to Council	Confirm with Water Unit on approval	Water Unit stand-over for connection

Continued over page

## 1. Applicant Details

Full name of applicant: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Address where connection is required: \_\_\_\_\_

Address for account: \_\_\_\_\_

## 2. Methodology

### 2.1 Waimakariri District Council Hygiene Code of Practice compliance requirements

Applicant to ensure that all works to take place are in accordance with and adhere to the Waimakariri District Council's Hygiene Code of Practice for Work on Water Supplies as may be found at: [waimakariri.govt.nz/\\_data/assets/pdf\\_file/0027/85419/Waimakariri-District-Council-Hygiene-Code-of-Practice-for-Work-on-Water-Supplies-Nov-2020-Update.pdf](http://waimakariri.govt.nz/_data/assets/pdf_file/0027/85419/Waimakariri-District-Council-Hygiene-Code-of-Practice-for-Work-on-Water-Supplies-Nov-2020-Update.pdf)

### 2.2 Methodology statement

Please provide a methodology explaining how the connection is to be completed (step-by-step description of physical works) with reference to the Waimakariri District Council Hygiene Code of Practice where applicable. The methodology must include a plan showing the extent of pipework to be connected and the connection details.

Tick to confirm methodology has been included: \_\_\_\_\_

Tick to confirm the required plans have been included: \_\_\_\_\_

### 2.3 Responsible party for connection (ie party engaged by applicant to make the connection)

Company name: \_\_\_\_\_

Staff member name: \_\_\_\_\_

*Note: This staff member is to be present onsite at all times to oversee the works and ensure compliance with all required practices.*

Staff member qualifications: \_\_\_\_\_

*Note: Qualification must be in conjunction with that required by the Waimakariri District Council's Hygiene Code of Practice for Work on Water Supplies.*

Staff member contact phone number: \_\_\_\_\_

Staff member email address: \_\_\_\_\_

**Accepted by Council Engineer:** Yes No

Reason for declining (if applicable): \_\_\_\_\_

**Accepted by 3 Waters Team:** Yes No

Reason for declining (if applicable): \_\_\_\_\_

### 3. Requirements Prior to Connection

#### Sterilisation of new pipework

##### 3.1. New pipework to be pressure tested.

Applicant to coordinate with the Council's Engineer. Signature to be provided upon completion of pressure test.

Tick to confirm attachment included:

**Signed as complete by Council's Engineer:**

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_

##### 3.2. New pipework disinfected.

Applicant to coordinate with the Council's Engineer. Signature to be provided upon completion of disinfection.

Tick to confirm attachment included:

**Signed as complete by Council's Engineer:**

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_

##### 3.3. New pipework to be flushed of residual chlorine.

Applicant to coordinate with the Council's Engineer. Signature to be provided upon completion of flushing.

Tick to confirm attachment included:

**Signed as complete by Council's Engineer:**

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_

##### 3.4. Initial E.coli testing requirements.

Applicant to coordinate with the Council's Engineer. Where the scheme is not normally chlorinated and the length of new pipe is >100m then the new installation must be tested for E.coli. If it fails, the disinfection procedure must be repeated until it passes.

Tick to confirm attachment included:

**Signed as complete by Council's Engineer:**

Sampling date of compliant E.coli test: \_\_\_\_\_ Signature: \_\_\_\_\_

##### 3.5. Further E.coli testing requirements.

Applicant to coordinate with the Council's Engineer. The newly chlorinated pipework must be connected to the existing reticulation within 15 working days of chlorination. If not, the main shall be retested for E. coli as per initial testing. If any of the new samples fail the E. coli test, the disinfection procedure must be repeated.

Tick to confirm attachment included:

**Signed as complete by Council's Engineer:**

Sampling date of compliant E.coli test if applicable: \_\_\_\_\_ Signature: \_\_\_\_\_

## Planning shut-down and informing residents

### 3.6 Affected customers notified

#### Applicant to:

- Inform Water Unit of planned date for cut-in at least 5 working days in advance.

#### Water Unit to:

- Determine extent of shut-down
- Confirm required valves for shut-down can be located and are functioning
- Water Unit to provide maps to Applicant / Contractor for the purpose of notifying affected residents only.

#### Applicant to:

- Inform affected residents by letter drop a minimum of 48 hours in advance of shut down.

Proposed date of cut-in: \_\_\_\_\_

## Health and safety

### 3.7 Asbestos cement (AC) cutting plan

- Applicant's contractor to prepare H&S documents
- Applicant to review and approve their contractor's H&S processes
- If the cut in involves AC pipe, applicant to prepare a SSSP or JSA to document steps taken to manage this risk
- **Wherever possible**, manual cutting methods (chain cutter or handsaw) shall be used for cutting AC pipe to avoid unnecessary dust creation. Only where this is not practicable, may other methods be used in conjunction with dust suppression. To prevent contamination risks only potable water may be used for dust suppression
- Applicant to sign to confirm they will have a H&S plan for asbestos pipe available upon request.

Signature: \_\_\_\_\_ or mark N/A if not applicable: N/A

## Checking correct parts are on site before cutting in

### 3.8 Fittings compatibility confirmed

#### Applicant to:

- Using the space provided below, prepare a list of key fittings that will be present on site to make the connection, then provide this information to the Water Unit. The Water Unit will not shut down the water supply until it has been confirmed that the correct parts are on site.

#### Water Unit to:

- Confirm the correct parts are on site before shutting down supply **on day of connection**.

#### Applicant to plan prior to connection:

List of key parts required:

	Confirmed by Water Unit:		Confirmed by Water Unit:
1) _____		6) _____	
2) _____		7) _____	
3) _____		8) _____	
4) _____		9) _____	
5) _____		10) _____	

Assumed OD of pipe / or assumed flange size / flange pattern of existing pipe:

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**Water Unit to:**

- Confirm on-site that the key dimensions assumed by the applicant are correct on day of connection.

**Confirmed by  
Water Unit:**

**Clearing Debris from New Pipework after Connection**

**3.7 Flushing / Commissioning Plan**

The Council's Water Unit to be responsible for flushing pipe as part of connection

**Water Unit to:**

Ensure they flush the new main as part of the connection process. **Planning must include:**

- Process to ensure the pipeline is free of debris / discolouration (min 0.7m/s velocity to be achieved and visual check for sediment / discolouration)
- Detail of which hydrants / flush points to be used and in what order
- Procedure for preventing contamination of the live system if debris / discoloration observed.

*Note: If evidence of debris / discolouration in the new main is seen, this must be cleared, then process repeated from 3.2 onwards.*

Water Unit Officer Assigned (Name): \_\_\_\_\_

Water Unit Contact Phone Number: \_\_\_\_\_

**4. Cost**

**4.1 Cost of Water Unit Stand-over**

**Applicant to:**

- Carry out the connection and to be witnessed by the Council's Water Unit
- Sign that they will pay these costs or mark N/A for Council capital projects: \_\_\_\_\_ or N/A

**Water Unit to:**

- Undertake isolation of water main ready for connection. This will be charged at \$95 per hour with a separate invoice after connection has been made.

*Note: Contractor is not charged for stand-overs for capital projects where the Council is the Principal.*

Water Unit Officer Assigned (Name): \_\_\_\_\_

Water Unit Contact Phone Number: \_\_\_\_\_

**Applicant sign-off**

I/we understand the requirements documented on this form and confirm that the information provided is correct. We acknowledge that we will not connect to the Council water supply system without following the procedures set out in this form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Council Engineer sign-off**

I confirm that I have reviewed the relevant information in this form, and that the required level of information has been supplied in order for the Water Unit to progress with this connection.

Council Engineer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3 Waters sign-off**

I confirm that I have reviewed the relevant information in this form, and that the required level of information has been supplied in order for the Water Unit to progress with this connection.

3 Waters Signature: \_\_\_\_\_ Date: \_\_\_\_\_