

Wastewater connection request

Please complete and return this form to

Email: networkauthorisation@water.co.nz

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

Important information

To be completed by the director or any authorised person of the company that will be carrying out works to the wastewater network.

Charges apply for processing this application and full payment must be received before any approval is granted. Please see www.watercare.co.nz for fee details (refer to 'application processing fees and site inspections' in our pricing schedule).

To avoid delays, please include all the required information. Our website has the full checklists for each application.

1. Applicant details

First name		Last name	
Company			
Business address:			
Street number		Street name	
Suburb		Postcode	
Work phone	()	Mobile	
Email			

2. Site and job details

Site address

**If there are multiple locations please attach a separate list*

Watercare application number

Please briefly describe the job. A detailed methodology must be submitted as an attachment.

Please specify the Watercare assets below, using the GIS Asset ID

<https://www.watercare.co.nz/Water-and-wastewater/Building-and-developing/GIS-maps>

1		2	
3		4	

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

continued >>>

3. Drain-layer details

Full name					
Postal address: Street number		Street name or PO Box			
Suburb				Postcode	
Email					
PGDB registration number					
Registration expiry	DD / MM / YYYY				
Proposed connection date:	DD / MM / YYYY				
Names of people carrying out the work <i>(If there are more than two people, please attach a full list of names)</i>					

4. Billing details

Details of the person paying the fees for this application (if different from above). See www.watercare.co.nz for fee details.

First name		Last name	
Company (if applicable)			
Postal address:			
Street number		Street name or PO Box	
Suburb			Postcode
Phone	()	Mobile	
Email		Please send my bills by	
		Email	
		Post	

5. Terms and conditions

- The connection/s must be carried out by the people specified in this request.
- The work must be carried out in accordance with Watercare codes of practice and standard operating procedures, without damage to the wastewater network.
- The person carrying out the work must complete a job safety analysis with appropriate controls to **manage traffic, pedestrians, biological substances, gases (methane, hydrogen sulphide), animals, illegal substances and any other hazards** relevant to the work. The work must be carried out in accordance with the controls in the job safety analysis.
- All other necessary approvals, permits and notifications (for example approvals from Vector or WorkSafe, or traffic management approval from Auckland Transport) must be obtained before work begins.
- If any Watercare assets are damaged in carrying out the work, those on site must notify Watercare immediately on 09 442 2222. All costs associated with the repair will be recovered by Watercare.
- If asset faults such as a blocked public pipe or a cracked manhole lid are discovered, Watercare must be notified immediately.
- A copy of this approval must be kept on site at all times.
- All staff must carry photo identification.
- Nothing in this approval, including the conditions of approval, limits Watercare's rights and powers under the Water Supply and Wastewater Network Bylaw 2015 or any Act (in particular the Local Government (Auckland Council) Act 2009 and the Local Government Act 2002) and/or under the general law in relation to the protection of its network, and/or liability by the company or any other person for damage, misuse or interference to its network.
- Watercare's approval is limited to authorising connection to its wastewater network, as specified in this application. Watercare has no liability to the company accessing the network, or any other person in relation to the works carried out or any consequences of those works.

Declaration

These are mandatory requirements. If the work does not require entry into a manhole, please tick the boxes under the non-entry section only to confirm each statement. If the job involves entry into a manhole, please tick all boxes under entry and non-entry into manhole sections to confirm each statement.

Non-entry into manhole

- ☐ I have read, understand and will comply with the terms and conditions in section 5 and will only carry out work as per this approval
- ☐ The company has and follows health and safety procedures that comply with the requirements of the Health and Safety at Work Act 2015.
- ☐ All staff undertaking the work have been fully immunized and has had appropriate vaccination
- ☐ All staff undertaking the work have the required safety training, equipment and can assess hazards and implement controls
- ☐ All staff undertaking the work have obtained unit standard 25510 or 3058 in gas detection by an organisation accredited by NZQA.
- ☐ All works will be carried out in accordance with Watercare's code of practice and standard operating procedures, without causing any damage to the wastewater network.
- ☐ I am aware of the flow variation on the network due to this operation and overflow events and have controls in place as per the attached methodology for managing wastewater flows.
- ☐ I am aware of the potential gas hazards when opening a manhole and ensure that the lid will be securely replaced upon completion of work.
- ☐ I will ensure that all excavation is made in accordance with WorkSafe guidelines and the site will always be safe from public and others works.
- ☐ I have attached the methodology for the specific works.

Entry into manhole *(Please ensure all of the above has been ticked)*

- ☐ All staff undertaking the work have obtained unit standard in confined space entry by an organisation accredited by NZQA.
- ☐ I understand the confined space risk score decision tree
- ☐ I have attached the specific job safety analysis with the appropriate controls to manage hazards on site
- ☐ I have attached evidence of the confined space permitting system for all staff entering the manhole
- ☐ I have attached the methodology for the specific works
- ☐ **I declare that I am authorised to sign on behalf of the company and all the information given on this application is true and correct. I agree to pay all applicable charges for the services indicated and accept the terms and conditions of this approval.**

Name Signature

Job title Date

(Company director or authorised person)

For office use only

Approved by:

Name Signature

Job title Date

Network authorisation number: Proposed access date: