

Water Use Survey

Under the Health Act 1956 and the Health (Drinking Water) Amendment Act 2007 some organisations are required to install a backflow prevention device to ensure the safety of the water supply. To determine whether your business requires backflow prevention please complete this application form and attach any relevant supporting documentation, then forward to Watercare for processing.

Post: Watercare, Private Bag 94010, Auckland, 2241

Email: info@water.co.nz

Phone: (09) 442 2222

Website: www.watercare.co.nz

Section 1: Property Details

Property Address

Legal Owner

First name Last name

Company name (if applicable)

Email So that we can get back to you quickly email is the best and most efficient method for correspondence.

Phone () Mobile () Fax ()

Watercare account number — Watercare meter number

Section 2: Occupier Details

Occupier business name (if different from above)

Contact person

First name Last name

Position

Email So that we can get back to you quickly email is the best and most efficient method for correspondence.

Postal address

Phone () Mobile () Fax ()

Section 3: Property Use

Residential OR Non-residential

For non-residential use please insert a ✓ in one or more boxes below that apply to your property.

<input type="checkbox"/> Accommodation (Hotel/Motel/Boarding House)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Commercial
<input type="checkbox"/> Community Facility/Church	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Hospital/Medical Clinic
<input type="checkbox"/> Industry (specify type) <input type="text"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Office
<input type="checkbox"/> Retail (specify type) <input type="text"/>	<input type="checkbox"/> Retirement Home	<input type="checkbox"/> Food and Beverage Services (Restaurant/Café)
<input type="checkbox"/> School/Crèche/Preschool	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other (please indicate) <input type="text"/>

Section 4: Water Use

Please insert a ✓ in one or more boxes below that apply to your property.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Air Compressors | <input type="checkbox"/> Acid Bath | <input type="checkbox"/> Autoclave and Steriliser |
| <input type="checkbox"/> Autopsy table | <input type="checkbox"/> Baptismal font | <input type="checkbox"/> Bedpan washer, flusher rim | <input type="checkbox"/> Bidet |
| <input type="checkbox"/> Boat marina | <input type="checkbox"/> Boiler feed line | <input type="checkbox"/> Chlorinator | <input type="checkbox"/> Cuspidor dental |
| <input type="checkbox"/> Degreasing equipment | <input type="checkbox"/> Detergent dispenser | <input type="checkbox"/> Developing tanks | <input type="checkbox"/> Dishwasher (commercial) |
| <input type="checkbox"/> Drinking fountain | <input type="checkbox"/> Dye vats and tanks | <input type="checkbox"/> Floor drains, flushing | <input type="checkbox"/> Fountain (ornamental) |
| <input type="checkbox"/> Garbage can washer | <input type="checkbox"/> Hose cocks | <input type="checkbox"/> Hot water heaters and tanks | <input type="checkbox"/> Ice maker |
| <input type="checkbox"/> Industrial washing machine | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Lawn sprinkler, pop-up | <input type="checkbox"/> Make-up tank |
| <input type="checkbox"/> Photo mini lab sink | <input type="checkbox"/> Processing tanks | <input type="checkbox"/> Pump, prime lines | <input type="checkbox"/> Re-circulated water |
| <input type="checkbox"/> Sewer, flushing manholes | <input type="checkbox"/> Shampoo, basin hose rinse | <input type="checkbox"/> Sitz bath | <input type="checkbox"/> Solutions tank |
| <input type="checkbox"/> Sprinkler system, fire protection | <input type="checkbox"/> Steam cleaner | <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Urinal trough |
| <input type="checkbox"/> Vats | <input type="checkbox"/> Wash tanks | <input type="checkbox"/> Water cooling | <input type="checkbox"/> Water operating equipment |
| <input type="checkbox"/> Water treatment tanks | <input type="checkbox"/> Water auxiliary system | | |
| <input type="checkbox"/> Other use (please specify) | <input type="text"/> | | |

Section 5: Hazard Details

- Is water used in any way other than domestic fixtures (i.e. toilet, hand basin, kitchen)? Yes No
 If yes, please provide details
- Is there an additional source of water on site other than water supplied from Watercare? Yes No
 If yes, please provide details
- Is there onsite water storage, including cooling towers or header tanks? Yes No
 If yes, please provide details
- Are there any fire systems, irrigation systems or water features onsite? Yes No
 If yes, please provide details
- Are hazardous substances used onsite? Yes No
 If yes, please provide details
- Are there any existing backflow prevention devices onsite? Yes No
 If yes, please provide details

Section 6: Existing Backflow Prevention Devices

Please list what backflow prevention devices currently exist at your property by completing the table below.

Location	Backflow device make and model	Device size	Serial number	Hazard (e.g acid bath)

Section 7: Authorisation

I, the undersigned, hereby declare that the information given on this application is true and correct. I am authorised to open a water and wastewater account with Watercare Services Limited in the name of the legal owner and in doing so, accept the terms and conditions of the Customer Contract with Watercare Services Limited.

Name Signature Date / /

Privacy

The information supplied in this application form will be held and used by the staff of Watercare Services Limited. The information will not be disclosed by Watercare Services Limited unless legally required under the Local Government Official Information and Meetings Act 1987 or for one of the purposes in connection with its collection. The information supplied will be used for: assessing and processing this application and for administration purposes, updating Watercare Services Limited's records to ensure all records are accurate, providing Watercare Services Limited with statistical information to assist policy development. You have the right to request access to and correction of information collected.

For office use only

Invoice number Work order number Lodgement date / / Size of existing connection