End of Defects Liability Verification

| Title Reference: | Vol: | Folio: | |
|------------------|----------|--------|--|
| SPEAR Ref: | WPW Ref: | | |

Land Development (LD) Project

Name of Project:

Date of Acceptance of Works:

Date of Certification that assets were inspected with the Contractor and outstanding defects rectified:

Have the sewers passed CCTV? (please tick): Yes No NA

1. Verification Audit

| Asset Description | Date of Test | Passed (please tick) | Signature (as witnessed by WPW representative) |
|---|--------------|-------------------------|---|
| Water Reticulation | | | |
| (a) Drinking water | | | |
| (b) Recycled water | | | |
| Trunk/Transfer Water Main | | | |
| (a) Drinking water | | | |
| (b) Recycled water | | | |
| Sewer Reticulation | | | |
| Sewer Pump Station | | | |
| Branch Sewer/Outfall Sewer/Sewer Rising Main | | | |



2. Consultant's Assurance

As the Consultant's Senior Management Representative responsible for the project management of the works detailed in Westernport Water's Development Agreement,

I verify that:

1. The As Constructed works meet:

4. A Pre-End of Defects Audit has been undertaken

- i. The scope and requirements of the Development Agreement;
- ii. The design intent/issued for construction drawings (Issue for Construction Standards (IFC));
- iii. The design intent/issued for design drawings (Issue for Construction Standards (IFC)).
- 2. The Audit Schedule has been satisfactorily undertaken by the Construction Auditor and all observations and corrective actions arising have been satisfactorily resolved.

(please tick):

Yes

No

NA

3. All Corrective Action Requests issued by Westernport Water have been resolved.

| Name of Consultant: | | |
|-------------------------|--|--|
| Company name: | | |
| Address: | | |
| Phone: | | |
| Consultant's signature: | | |
| Date: | | |







