

Planned Shutdown – Drinking and Recycled Water

To be lodged and submitted at least 10 working days prior to connection date

Title Reference:

Vol:

Folio:

SPEAR Ref:

WPW Ref:

- -

Job Description

Development name:

Town:

Description of Works

(please tick): UPCIC (under pressure cut in connection) Tee Insertion Connection Other

Consultant Details

Company name:

Mobile phone:

Email:

On site representative:

Approved Contractor for Connections

Company name:

Mobile phone:

Email:

On site representative:

Shutdown Details

Subdivision and Stage:

Date:

Time off:

Time on:

Note: ESC maximum time allowed off is five (5) hours between 9.00am and 3.00pm

Reason:

Email:

Potential high risk customers, ie hospitals, schools, aged care:

Disinfection and Water Quality Test Results

Date of Chlorine Residual test:

Results attached:

Yes No

Do the results comply with Westernport Water requirements?

Yes No

Consultant's signature:

Date:

Office Use Only

Technical Officer name:

Signature:

Date:

(please tick):

Before The Shutdown (Minimum 48 Hours)

At Job Completion

FOCUS Job No.

Close FOCUS case

Organise network trace

Sufficient information

Inform Customer Service

Confirmed job in FOCUS

Print out Shutdown Area

Send out letters to customers

Identify Special Needs customers

Send Calendar Invitation with letter to Planned Works, Communications team, and Depot

Extra resources:



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