

Date: _____ Requested by: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Contact Name: _____ Phone: _____

Property Owners Name: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Location of property to be tested:-

Lot Number. _____ Lodged Plan Number. _____

Crown Allot Number. _____ Section: _____

House No. _____ Street: _____ Town: _____

Name and distance from nearest cross street: _____

- Reason for test:
- (1) Fire Service
 - (2) Future Development
 - (3) Low Pressure

Information required: (tick box)

A: Reticulation Flow and Pressure Test Field Information

Costs (GST Inc)

\$125.62

B: Standard Pressure Information
(High, Low and Average 95% Pressures)

\$ 76.36

C: *Flow and pressure test with Standard Pressure Information (A+B)*
(Payment must be made by Cash, Cheque or Credit Card Only)

\$140.40

Other: _____

Office Use Only:

Date paid: _____ Receipt Number: _____

Field test taken by: _____

Date of test: _____ Time of test: _____ Temperature: _____

	Static head _____ kPa	Litres per Second		kPa
Test taken at: 1	<input type="checkbox"/> Water meter			
1.1	<input type="checkbox"/> Front tap			
1.2	<input type="checkbox"/> Fire hydrant			
1.3	<input type="checkbox"/> Other describe below:			

Coliban Water
PO Box 2770
Bendigo DC VIC 3554

Tel: 1300 363 200
Fax: 5434 1341
www.coliban.com.au