

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Location of property to be tested:**

Lot No. \_\_\_\_\_ Lodged Plan No. \_\_\_\_\_ Crown Allot No. \_\_\_\_\_ 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)

**Costs (GST Inc)**

- A: Hydrant Flow and Pressure Test Field Information  \$128.71
- B: Standard Pressure Information  \$ 78.24  
(High, Low and Average 95% Pressures)
- C: Hydrant Flow and pressure test with Standard Pressure  \$143.85  
Information

**(Payment must be made by Cash, Cheque or Credit Card Only)**

Other: \_\_\_\_\_

<b>Office Use Only:</b>				
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  
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