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APPLICATION FOR PRESSURE TEST REQUEST

Please carry out Watermain Pressure Test for the following property:

Owner: _____
 Lot No: _____ DP No: _____ House No: _____
 Street: _____ Town: _____

APPLICANT DETAILS:

Name: _____
 Address: _____
 Town: _____ State: _____ Postcode: _____
 Phone: _____ Mobile: _____
 Signature: _____ Date: ____/____/____

Note: If necessary please provide diagram of site on the rear of this form

OFFICE USE ONLY: Application Fee Required - Cost Account No: 250350650 6990

Date Fee Paid: ____/____/____ Receipt No: _____
 DATE OF TEST: ____/____/____ TIME OF TEST: ____/____/____
 LOCATION: _____

 WATERMAIN SIZE AND TYPE: _____

FLOW L/SEC	PRESSURE (kPa)
Static	
5	
10	
15	
20	
Maximum Flow	

Tested By: _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE
 By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

Maintained by Dept:	Operations	Effective Date: JANUARY 2013	Review Date: JANUARY 2014
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