| Regulator's Copy | | |
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NOTICE OF WORK

for Plumbing and Drainage Work

Please supply requested information correct and neatly

| | PROPERTY & OWNER DETAILS | |
|---|------------------------------|------------------------------|
| House No. Street | Suburb | Postcode |
| | | |
| Lot No. DP No. PDP or S | SP Nearest Cross Street | Municipality/Shire |
| Owner's Name | Full Address | |
| CWIEFS NAME | 1 dii / ddi ess | |
| | LICENSEE'S DETAILS | |
| Full Name | Address for Notices | |
| 1 un Name | Address for Notices | |
| Phone No. | Qualified Supervisor No. | Expiry Date |
| | | DD MM YYYY |
| | Licence No. | Expiry Date |
| | | DD MM YYYY |
| | WORK OF WATER SUPPLY | |
| Give full Description of Work carried out | | |
| ☐ Install Water Supply | | |
| ☐ Install Irrigation system | | |
| ☐ On-site Alternative Water Services | | |
| ☐ Install/Commission/Maintenance of The | ermostatic Mixing Valve | |
| ☐ Connection to water supply | | |
| | ackflow prevention device | |
| □ Other | | |
| | | |
| | | |
| PLUMBING WORK TO COMPLY WITH | ☐ AS/NZS3500 ☐ ALTERN | ATIVE SOLUTION COMBINED |
| WORK OF SANITARY | PLUMBING/DRAINAGE AND SUPP | I Y DRAINAGE PLAN |
| Give full description of work carried out | TEOMBINO/BIXAINAGE AND GOTT | ET BRAINAGET LAN |
| ☐ Carry out work of sanitary plumbing/dra | ainage | |
| ☐ Connection to Sewer | <u> </u> | |
| | | |
| ☐ Carry out Trade Waste Drainage | | |
| □ Other | | |
| | | - |
| | | |
| | | |
| DRAINAGE WORK TO COMPLY WITH | ☐ AS/NZS3500 ☐ ALTERN | ATIVE SOLUTION COMBINED |
| SEWER | AGE/WATER SERVICE INSPECTION | N FEE |
| Date Fee Paid | Date of Commencement of Work | Estimated Date of Completion |
| DD MM YYYY | DD MM YYYY | DD MM YYYY |
| Amount | Reference No: | Contractors Signature |
| \$ | | |

- 1. This is your notification that you, as the Responsible Person, intend to carry out the work described on this 'NOTICE OF WORK', in accordance with provisions of the Regulators Act, Regulations, Codes and Standards.
- 2. This NOTICE TO WORK must be produced on the request of any person duly authorised by the REGULATOR.
- 3. The corresponding numbered CERTIFICATE OF COMPLIANCE must be submitted by you to the Local Regulator on the completion of a FINAL INSPECTION on the above work.





CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

| | PROPERTY & OWNER DETAILS | |
|---|--|--|
| House No Street | Suburb | Postcode |
| | | |
| Lot No DP No PDP or | r SP Nearest Cross Street | Municipality/Shire |
| | | |
| Owner's Name | Full Address | |
| | | |
| | | |
| | LICENSEE'S DETAILS | |
| Full Name | Address for Notices | |
| | | |
| Phone No. | Qualified Supervisor No. | Expiry Date |
| | | DD MM YYYY |
| | Licence No. | Expiry Date |
| | | DD MM YYYY |
| | Want of Water Allen W | |
| | WORK OF WATER SUPPLY | |
| Give full Description of Work carried out | | |
| ☐ Install Water Supply | | |
| ☐ Install Irrigation system | | _ |
| ☐ On-site Alternative Water Services | | |
| | hermostatic Mixing Valve | |
| ☐ Connection to water supply | | |
| ☐ Install, alter, disconnect or remove a | hackflow prevention device | |
| ☐ Other | • | |
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| DI LIMPING WORK TO COMPLY WITH | □ A\$/N/7\$2500 □ ALTEDNATIVE | SOLUTION II COMPINED |
| PLUMBING WORK TO COMPLY WITH | ☐ AS/NZS3500 ☐ ALTERNATIVE | SOLUTION COMBINED |
| | ☐ AS/NZS3500 ☐ ALTERNATIVE Y PLUMBING/DRAINAGE AND SUPPLY D | _ |
| WORK OF SANITAR | | _ |
| WORK OF SANITAR Give full description of work carried out | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/o | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/c ☐ Connection to Sewer | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/c ☐ Connection to Sewer ☐ Sewer Disconnection | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/c ☐ Connection to Sewer ☐ Sewer Disconnection ☐ Carry out Trade Waste Drainage | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/c ☐ Connection to Sewer ☐ Sewer Disconnection | Y PLUMBING/DRAINAGE AND SUPPLY D | RAINAGE PLAN |
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2. If any defect is found in the work carried out by me within a period of two (2) years or within the time specified by Regulator, from the date of the final inspection, and the Regulator for Plumbing and Drainage certifies by written notice that in their opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Regulator within the time specified by the Regulator.



| Licer | rsee's | Сору | |
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CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

| PROPERIT & OWNER | R DETAILS |
|--|--|
| House No. Street Su | uburb Postcode |
| | |
| Lot No. DP No. PDP or SP Nearest Cross Str | reet Municipality/Shire |
| | |
| Owner's Name Full Address | |
| | |
| LICENSEE'S DE | TAILS |
| Full Name Address for Notices | |
| | |
| Phone No. Qualified Supervisor No. | o. Expiry Date |
| | DD MM YYYY |
| Licence No. | Expiry Date |
| | DD MM YYYY |
| WORK OF WATER | SUPPLY |
| Give full Description of Work carried out | 3011 E1 |
| ☐ Install Water Supply | |
| ☐ Install Irrigation system | |
| ☐ On-site Alternative Water Services | |
| ☐ Install/Commission/Maintenance of Thermostatic Mixing Valve _ | |
| ☐ Connection to water supply | |
| ☐ Install, alter, disconnect or remove a backflow prevention device | |
| Other | |
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| PLUMBING WORK TO COMPLY WITH AS/NZS3500 | □ ALTERNATIVE SOLUTION □ COMBINED |
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| WORK OF SANITARY PLUMBING/DRAINAG Give full description of work carried out Carry out work of sanitary plumbing/drainage | E AND SUPPLY DRAINAGE PLAN |
| WORK OF SANITARY PLUMBING/DRAINAG Give full description of work carried out Carry out work of sanitary plumbing/drainage Connection to Sewer | E AND SUPPLY DRAINAGE PLAN |
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2. If any defect is found in the work carried out by me within a period of two (2) years or within the time specified by Regulator, from the date of the final inspection, and the Regulator for Plumbing and Drainage certifies by written notice that in their opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Regulator within the time specified by the Regulator.



| Owner's Copy | |
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CERTIFICATE OF COMPLIANCE

for Plumbing and Drainage Work

Please supply requested information correct and neatly

| | PROPERTY & OWNER DETAILS | |
|--|--|--|
| House No. Street | Suburb | Postcode |
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| Lot No. DP No. PDP or | SP Nearest Cross Street N | Municipality/Shire |
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| Owner's Name | Full Address | |
| | | |
| | LICENSEE'S DETAILS | |
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| Full Name | Address for Notices | |
| | | |
| Phone No. | Qualified Supervisor No. | Expiry Date |
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| | Licence No. | Expiry Date |
| | | DD MM YYYY |
| | WORK OF WATER SUPPLY | |
| Give full Description of Work carried out | | |
| | | |
| ☐ Install Irrigation system | | |
| ☐ On-site Alternative Water Services | | |
| ☐ Install/Commission/Maintenance of The | nermostatic Mixing Valve | |
| □ Connection to water supply | | |
| | packflow prevention device | |
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| PLUMBING WORK TO COMPLY WITH | ☐ AS/NZS3500 ☐ ALTERNATIVE | SOLUTION COMBINED |
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| WORK OF SANITAR Give full description of work carried out ☐ Carry out work of sanitary plumbing/d | Y PLUMBING/DRAINAGE AND SUPPLY DR | RAINAGE PLAN |
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2. If any defect is found in the work carried out by me within a period of two (2) years or within the time specified by Regulator, from the date of the final inspection, and the Regulator for Plumbing and Drainage certifies by written notice that in their opinion the defect is due to faulty workmanship or defective materials, then I undertake to rectify such work at my sole expense, if so directed by the Regulator within the time specified by the Regulation.