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| LANCELIN SOUTH WATER | |
| | Claim for Ex Gratia Leak Allowance |



Please provide this completed claim to Lancelin South Water within three (3) months after the read of high water consumption. This form and photos can be emailed to

| Section A – Details (to be completed for all applications) | | | |
|--|------------------------------|---|-----------------------------|
| Owner: | | Date: | Contact No: |
| Owner Address: | | | |
| Property Address: | | Assessment No: | |
| Was the leak or burst pipe obvious or visible to the customer? | Yes <input type="checkbox"/> | Potable Water <input type="checkbox"/> | |
| | No <input type="checkbox"/> | Non-Potable Water <input type="checkbox"/> | |
| Meter Number | | Date of Repair: | |
| Meter Reading: (at repair date) | | Estimated flow rate: (litres per minute) | |
| Specific location of leak / burst: (e.g. underground pipe): | | | |
| Description of leak / burst: | | | |
| Nature of repair: | | | |
| Photo of leak supplied: | | Photo of repairs supplied: | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Section B – Internal Leaks (must be completed by a licenced plumber) | | | |
| <p>I _____ certify that the pipework and fittings meet the Plumbing Standards Regulations 2000 and AS/NZS 3500-2003.</p> | | | |
| Licenced Plumber: | | Registration No: | |
| Business Name: | | | |
| Property Address: | | Assessment No: | |
| Contact: | | Telephone: (mandatory) | |
| | | Email: | |
| Plumber's Signature: | | Date: | |

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Plumbers must hold a valid plumbing contractor's licence and be registered with the Western Australian Plumbers Licensing Board. For more information contact the Board or visit their website at <http://www.plumbers.wa.gov.au/>

Section C – Garden Leaks (must be completed by a licenced plumber)

| | | |
|--|-----|--------------------------|
| Prior to the repair was the irrigation system considered sub-standard or in a state of disrepair, illegal or unsuitable? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

I _____ confirm that the garden irrigation reticulation system complies with irrigation industry standards including, at a minimum a Watermark certified manual isolation valve, a backflow prevention valve complying with AS/NZS 3500:1:2003, and master control solenoid.

| | | |
|-----------------------------|-------------------------------|--------------|
| Licenced Plumber: | Registration No: | |
| Business Name: | | |
| Property Address: | Assessment No: | |
| Contact: | Telephone: (mandatory) | |
| | Email: | |
| Plumber's Signature: | | Date: |

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Contact Us

Email: admin@lancelinsouthwater.com.au
 Website: www.lancelinsouthwater.com.au
 Post: Lancelin South Water, Locked Bag 4, Osborne Park DC, WA 6916

National Relay Service

TTY users

Phone: 133 677 then ask for 08 9655 1555

Speak and Listen users

Phone: 1300 555 727 then ask for 08 9655 1555

Internet Relay Service://internet-relay.nrscall.gov.au

Website: www.relayservice.com.au

Translating and Interpreting Service (TIS National)

Phone: 131 450 then ask for 08 9655 1555

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Amendment History

| Rev | Date | Description / Amendment | Approved |
|-----|----------|--|----------|
| A | | Initial Draft | |
| 0 | 07/03/19 | Issued for use | |
| 1 | 22/10/19 | Updated Post ERA Audit 2019, added irrigation section, headers and footers updated | |
| 2 | 29/10/19 | Changed Section C from Garden Irrigator to licenced plumber | 30/10/19 |
| 3 | 31/05/21 | Updated with new postal address | SW |