

The leak allowance application form must be provided to Aqwest within one (1) month of the date of repair.
The leak must be repaired within 1 month from the identification of the leak.

This form and photos can be emailed to accounts@aqwest.com.au.

Section A – Details (to be completed for all applications)

Owner:		Date:	Contact No:
Owner Address:			
Property Address:		Account No:	
Was the leak or burst pipe obvious or visible to the customer?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Meter Number:	Date of Repair:		
Meter Reading: (at repair date)	Estimated flow rate: (litres per minute)		
Where was the leak? Internal reticulation <input type="checkbox"/>	Garden reticulation <input type="checkbox"/> (section C to be completed if repairs done by a WGI)		
Description of leak/burst:			
Nature of repair:			
Photo of leak supplied? YES <input type="checkbox"/> NO <input type="checkbox"/>	Photo of repairs supplied? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Section B – Must be completed by a licensed plumber

I _____ certify that the pipework and fittings meet the Plumbing Standards Regulations 2000 and AS/NZS 3500-2003.

Plumber's Name:		Registration No:
Business Name:		
Contact:	Telephone: (Mandatory)	
	Email:	
Plumber's Signature:		Date:

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 www.plumbers.wa.gov.au.

Section C – To be completed by a Waterwise Garden Irrigator

Did the irrigation system have a manual isolation and master solenoid prior to repairs? **YES** **NO**

If NOT, has the manual isolation and master solenoid now been installed? **YES** **NO**

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 WGI:		Registration No:
Business Name:		
Contact:	Telephone: (Mandatory)	
	Email:	
WGI's Signature:		Date: