

# Application to Connect to Water and Sewer Form



**ALL APPLICATIONS MUST INCLUDE A SITE AND FLOOR PLAN**

Wet Water Tappings; and Meter delivery for Dry Tappings are carried out every:  
**Wednesday or Thursday**  
**(Minimum 24 hours notice required)**

Probus No: .....  
 PIC Number: .....

**WATER**

**PROPERTY DETAILS**

- Water Tapping for Building/Land (Includes meter)
  - Dry Tapping Meter only
  - Fire Service (If Required)
  - Meter Only
  - Water Seal
  - BACKFLOW**    HIGH    MEDIUM    LOW
- Tapping Size: ..... Fire Service Size: .....
- No of Meters: .....

Street No: ..... Lot No: .....  
 Plan of Subd. No: ..... C.A. No: .....  
 Street Name: .....  
 Town: ..... Post Code: .....

**SEWER**

**TYPE OF OCCUPANCY**

- Connect New Building to Sewer
- Connect Existing Building
- Alter Existing Plumbing
- Disconnect/Seal Sewer Service
- Sewer Cut In (Owner responsible for excavation)
- No. of Cisterns
- Trade Waste to discharge to sewer  
 (If TICKED a separate application must be made)

- Dwelling                       Unit Development
  - Shop                                 Industrial
  - Other .....
- Rural or other (must have requirements for backflow assessed prior to tapping)

**ASSET PLAN REQUIRED: YES NO**

**PROPERTY OWNER**

**LODGEMENT**

Owner: .....  
 Agent: .....  
 Postal Address: .....  
 Town: ..... Post Code: .....  
 Phone No: .....  
 Email: .....

Lodge the completed and signed form and all fees to:  
 South Gippsland Water  
 PO Box 102  
 FOSTER VIC 3960  
 Telephone: 03 5682 0497  
 Fax: 03 5682 1199  
 Email: [plumbing@sgwater.com.au](mailto:plumbing@sgwater.com.au)

**PLUMBER INFORMATION**

Plumbers Licence No: .....  
 Plumber Name: .....  
 Signature: .....  
 Postal Address: .....  
 Town: ..... Post Code: .....  
 Phone No: .....  
 Email: .....

**OFFICE USE ONLY**

Water Connection		Meter Only		Sewer Connection		Sewer Cut In	
Water Seal		Fire Service		Sewer Seal		NCC - Sewer	
NCC - Water				<b>Receipt No:</b>		<b>Date:</b>	

Method of Payment      Cash                      Cheque                      Credit Card                      Total \$ \_\_\_\_\_

  
       
       

Signature: \_\_\_\_\_                      Card Holders Name: \_\_\_\_\_

Expiry Date:    /    /