



Water Pressure Reading Application

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450
 Phone (02) 6648 4000; Fax (02) 66484 199; Email: coffs.council@chcc.nsw.gov.au
 ABN 79 126 214 487
 Administration Building: 2 Castle St Coffs Harbour

Applicant: _____

Postal Address: _____

Location of Test: _____
(Location plan to be lodged with application)

Type of Test

Fire flow (with static pressure)
 Static Pressure Only

Signature **Date**

OFFICE USE ONLY:

Fee \$	Receipt	Paid / /
--------	---------	----------

Test Result

Location of Hydrants or Other Outlet _____

Time of Test:	Date of Test
---------------	--------------

Hydrant Location * _____ * _____
 (metres/head)
 *North/South/East/West

Static Pressure

NOTE:
Pressures & Flows provided are relevant only at time of test

Dynamic Head (m)

Flow Max	___ L / Sec	_____	_____
	22 L/sec	_____	_____
	15 L/sec	_____	_____
	11 L/sec	_____	_____
	4.5 L/sec	_____	_____
	1 L/sec	_____	_____

Testing Officer: _____

Property No _____ DataWorks _____ Reply Date _____

All information for this agreement is being voluntarily collected for the process your application. Your information would comprise part of a public register related to this purpose. The information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. You are entitled to review your personal information at any time by contacting Council.