

## Water use audit report (Plumber use only)

Office use only

**Please return completed form to:**

Level 4, 218-232 Molesworth Street, Lismore  
PO Box 230, Lismore NSW 2480

ABN: 81 383 023 771

T: (02) 6623 3800

council@rous.nsw.gov.au www.rous.nsw.gov.au

Please note: Council will not reimburse or make any contribution towards the associated plumbing costs either for the repair of the leak or for the Water Use Audit report.

### Property details

Water meter number

Date

Property owner/s full name

Property address

Description of water leak  
(include location and cause)

Property owner comments

### Water supply details

Have you checked the water leak repair?

☐ Yes

☐ No

Has the water leak been repaired in accordance with relevant Standards?

☐ Yes

☐ No

What is the pressure (Kpa) at the water meter?

Is there a Pressure Reducing Valve (PRV) in place?

☐ Yes

☐ No

Comment as to PRV condition.

What is the class of pipeline used?

## Outside the home

Garden or lawn watering system in use?

☐ Yes

☐ No

Pool / spa with cover in use?

☐ Yes

☐ No

Water tank in use? Size:

☐ Yes

☐ No

## Inside the home

### Washing machine

Top loader in use?

☐ Yes

☐ No

Rating:

Front loader in use?

☐ Yes

☐ No

Rating:

### Dishwasher

Dishwasher in use?

☐ Yes

☐ No

Rating:

### Toilets

Single flush in use?

☐ Yes

☐ No

Number:

Dual flush in use?

☐ Yes

☐ No

Number:

### Showerheads

Water efficient showerheads in use?

☐ Yes

☐ No

Number:

## Plumber recommendations

## Plumber details

Name

Date

Address

Licence no.

Expiry date

Telephone

## Plumber declaration

***This declaration must be signed by the plumber completing report.***

I declare that the information provided, to the best of my knowledge is true and correct.

\_\_\_\_\_  
(Full name of plumber in block letters)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Office use only

Nature of water leak compliant with RWCAA policy

Yes/No

Plumber checked leak repair

Yes/No

Plumber confirmed repair in accordance with relevant Standards

Yes/No

Plumber licence number current and declaration complete

Yes/No

Officer initial ..... and date report checked

Date letter and copy of report forwarded to customer