

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the water leak been repaired in accordance with relevant Standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the pressure (Kpa) at the water meter?		
Is there a Pressure Reducing Valve (PRV) in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

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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