

WATER SHUTDOWN PROCEDURE



PREPARATION

- Setting shutdown time;
- Forward planning to minimize inconvenience to customers;
- On-site Investigation, prepare shutdown diagram.



APPLICATION

Water Shutdown Request Form submitted to the Services Manager with a shutdown diagram, at least three (3) days prior to the shutdown day or seven (7) days prior to the shutdown day for shutdown affecting large areas.



APPROVAL BY ŌTOROHANGA DISTRICT COUNCIL

- Confirmation from Service Manager.
- Arrange advertisement (for large areas) or advise Contractor to distribute Shutdown Cards.



ADVISE CUSTOMERS

Contractor to advise affected customers (with Shutdown Card) 24 or 48 hours prior to commencement of the shutdown.



COMMENCING SHUTDOWN

- Notify the Services Manager;
- Close valves bringing water into the effected area;
- Draw off the water by opening a hydrant within the closed down area;
- Carry out the repair or the required work;
- Answer general public queries;
- Disinfect the closed down area;
- Feed water into the closed down area by opening the valve at the live end;
- Flush out the closed down area through an open hydrant;
- Close off hydrant to leave the effected area fully charged with water;
- Notify and explain to the Service Manager for any time overrun;
- Notify the Services Manager after the valves are turned back on;
- Complete As-Builts and submit with Completion Form to Services Manager.

WATER SHUTDOWN REQUEST FORM



CONTRACTOR TO COMPLETE

Company: _____
Name: _____ Date: _____
Email: _____

DETAILS OF SHUTDOWN

Date of shutdown: _____
Time: 10.00am to 12:00pm OR 1:00pm to 3:00pm
Location (area affected): _____
Reason for shutdown: _____
Are new lines tested and disinfected to ODC approval: Yes No N/A
Number of valves affected: _____
Valves have been checked for access and operation by: _____
Shutdown Cards to be delivered by: _____
Delivery date: _____
Contractor's Supervisor: _____
Phone No: _____

ATTACH PLAN DETAILING MAINS AND VALVES AFFECTED

ŌTOROHANGA DISTRICT COUNCIL TO COMPLETE

Highlighted plan showing mains and services to be affected: Yes No
Approved Contractor and contact details provided: Yes No
Shutdown approved by Services Manager: _____
Comments/areas requiring special attention: _____
Time and date approved: _____
Shutdown Card required: 24 / 48 hours notice (select 1)
Public notification requirements: _____

**APPROVED SHUTDOWN FORM TO BE EMAILED TO CONTRACTOR
PRIOR TO SHUTDOWN**

