

DRAINAGE SERVICE CONNECTION INFORMATION SHEET

NOTE: This information must be completed by a qualified Plumber or Drainlayer and returned to Council on completion of work. The Building Consent/Resource Consent cannot be completed without this detail.

Date of Installation: _____

Date of Sealing Off: _____

Contractor: _____

Building Consent Number: _____

Is the Main on Private Property: **Yes** **No**

Is this a: **New Build** **Existing Property**

Full Address of Property: _____

Address of Connection (if different from above: _____

For Office Use:

Mains position measured from Road Boundary - **N S E W**

Type of Main	Length / Distance to Main	Invert Depth at Main	Size and Material of Main	Direction of Flow of Main	Comments
Sewer					
Stormwater					
Water					
Gas					
Electrical Cable					
Telephone Cable					

House Service Connections measured from Side Property Boundary - **N S E W**

Type of Connection	Connection Material	Diameter	Distance from Side Boundary	Depth at Boundary	Notes: Channel, Pumped, Type etc ...
Water					
Sewer					
Stormwater					

Signed by Contractor: _____ **Date:** _____

Return to ESG at ICC or email to: ENGapprovals@icc.govt.nz