



COASTAL

Wastewater Specialists

ABN: 69 164 584 369

BSA Lic# 1198242

REQUEST TO COMMISSION TREATMENT PLANT

Requested By:	Builder	Homeowner	Plumber
Today's Date:		Commissioning Required By:	
Contact Person for this request:			
Contact Number of Person Making Request:			
Email for the receipt of Commissioning paperwork			

Information We Need To Commission Your Wastewater Treatment Plant.

TWO WEEKS NOTICE IS REQUIRED.

We require the following information prior to commissioning your wastewater treatment plant. **Please complete IN FULL – all information below is MANDATORY.**

OWNERS DETAILS		(To be completed by Customer – Owner/Builder/Plumber)	✓
Owners Full Name			
Phone			
MOB			
Email			
Postal Address			

PROPERTY DETAILS		(To be completed by Customer – Owner/Builder/Plumber)		✓
Site Address (incl STREET NUMBER)				
Lot No:	Plan Type & Number: (RP/SP etc)			
Local Authority: (Council)	Fraser Coast	Bundaberg	Other:	
Plumbing Permit No:				

COASTAL SERVICES Q PTY LTD ATF COASTAL SERVICES TRUST

T/A COASTAL WASTEWATER SPECIALISTS

PO Box 2009

HERVEY BAY QLD 4655

www.cwws.com.au

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PH: 07 4128 8019 FAX: 07 4128 8171

EMAIL: info@cwws.com.au

CHECKLIST	(To be completed by Customer – Owner/Builder/Plumber)	√
Plumbing inlet pipes connected to tank		
240V power to control panel connected and turned on		
*Water in tank approx. 5000L		
*Tank backfilled with dirt		
^Effluent, irrigation lines, gardens/turf completed		
Access to property and control panel		

NOTES

*Where installation is undertaken by CWWS these items form part of our standard quote unless otherwise noted.

^Effluent disposal area must be completed in full prior to commissioning. EG If the owner/builder is responsible for planting/turf/garden construction, mulch etc then these items must be in place before requesting commissioning.

Under no circumstances should the homeowner attempt to use the treatment plant prior to commissioning. This will cause damage to the treatment plant and may void your warranty.

Please forward the completed request form to Coastal Wastewater Specialists via:

Fax: 07 4128 8171

or

Email: admin@cwws.com.au

Thank you for your assistance in ensuring your treatment plant is commissioned prior to handover.

OFFICE USE ONLY	(To be completed by CWWS commissioning team)			√
System Type:				
Tank No:				
Site Assessor:				
Form 8 Requested:	Yes	No	(Attach copy of request to this form.)	
NOTES:				
To be completed by CWWS Admin				
		Date Request Received:		
		Received by:		
		Actioned:		
		Date Commissioned:		

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