



Unitywater

ABN: 89 791 717 472

# F8578 - Application for Hydraulic Model Pressure and Flow Information

## Postal address

PO Box 953  
Caboolture Qld 4510

## Unitywater

Ph: 1300 0 UNITY (1300 086 489)  
Fax: (07) 5431 8288

## Internet

[www.unitywater.com](http://www.unitywater.com)  
[customer.service@unitywater.com](mailto:customer.service@unitywater.com)

**Note:** Application for **Hydraulic Model Pressure and Flow Information** requires the appropriate fee of **\$150:00** to be paid at time of application. The fee shall be in accordance with Unitywater's fees and charges.

*Information provided on this application is the anticipated performance of the water network based on hydraulic modelling information available at this time. It has not been verified by field testing.*

## Assessment Property Details – Please Provide all Property Details:

**MANDATORY:** Please complete all information fields to ensure prompt assessing of your application.

Property address: \_\_\_\_\_

Real property description: Lot: \_\_\_\_\_ Plan no: \_\_\_\_\_

Proposed development: \_\_\_\_\_

Is this a multi-storey building?      No       Yes       If yes, how many levels? \_\_\_\_\_

## Applicant Contact Details

Contact name: \_\_\_\_\_

Company name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

ABN: \_\_\_\_\_ Building certification accreditation no: \_\_\_\_\_

## Property Owners Details

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Customer Declaration

I/we \_\_\_\_\_ request a pressure and flow data analysis for the above property address.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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## Payment Details 2020 - 2021 Fee \$150:00

**How to pay** (*Cash not accepted*)

**In Person**

Please present in person at a Customer Service

Centre: 8:30am to 5:00pm, Monday to Friday.

**Caboolture:** Ground Floor, 33 King Street

**Maroochydore:** Ground Floor, 6-10 Maud Street

**Cheque**

Please make cheque/money orders payable to Unitywater and mail to: **PO Box 953, Caboolture Qld 4510**

**Credit Card**

Please complete your details below to make a credit card payment by Visa or MasterCard.

To ensure the security of your credit card, please do not provide your credit card number or any other card details on this form.\*

Instead, a member of our Unitywater team will call you as soon as possible after receiving this form to ask for your credit card number and process your payment over the phone.

Please provide your preferred daytime phone number below so we can call you and send this completed form to:

- email: [customer.service@unitywater.com](mailto:customer.service@unitywater.com)
- or post: **PO Box 953, Caboolture QLD 4510**

Contact name: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Receipt name: \_\_\_\_\_

Receipt address: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Amount payable: \$ \_\_\_\_\_ Date: \_\_\_\_\_

*\* This also helps ensure compliance with the Payment Card Industry Data Security Standard.  
Please note a surcharge to cover the costs associated with credit card transactions could apply.  
For further information please go to [www.unitywater.com/creditcard](http://www.unitywater.com/creditcard)*

### Privacy statement

Unitywater is collecting your personal information for the purpose of providing the requested service. The collection of this information is authorised under the South East Queensland Water (Distribution and Retail Restructuring) Act 2009. Your information will not be given to any other person or agency unless required by law or we have your permission in writing.



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## Office use only

### Engineer's assessment:

Town planning zone: \_\_\_\_\_ Type of use: \_\_\_\_\_

Water main street name: \_\_\_\_\_

Water main suburb name: \_\_\_\_\_

Water main diameter:(mm) \_\_\_\_\_ Flow guaranteed (l/s): \_\_\_\_\_

Water node ID: \_\_\_\_\_ Node Location: \_\_\_\_\_

RL of the Node: \_\_\_\_\_ Background demand (l/s): \_\_\_\_\_

Static head (m): \_\_\_\_\_ Fire flow demand (l/s): \_\_\_\_\_

Residual head (m): \_\_\_\_\_ Peak day year: \_\_\_\_\_

### Assessment notes:

Assessed by: \_\_\_\_\_ Assessed on: \_\_\_\_\_

Updated by: \_\_\_\_\_ Updated on: \_\_\_\_\_

Letter sent: \_\_\_\_\_ Condition added: \_\_\_\_\_

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