|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **LISTING AND LOCATION DETAILING** | | | | | | | | | | | | |
| **PROPERTY** | |  | | | | **NAME** |  | | | | | |
|  | | | | | | |  | | | | | |
| **WORKS APPROVAL NUMBER(S) 90 (CA)** | | **EXTRACTION SITE NUMBER(S) (>500mm)** | | | **EXTRACTION SITE NUMBER(S) (Gravity)** | | | **EXTRACTION SITE NUMBER(S) (<500mm)** | | | **EXTRACTION SITE NUMBER(S) (Ground)** |
|  | |  | | |  | | |  | | |  |
|  | |  | | |  | | |  | | |  |
| <insert more rows if needed> | |  | | |  | | |  | | |  |
| **DAILY INTAKE RATE PUMPS (ML/DAY)** | |  | | |  | | |  | | |  |
| **SITE NAME (S)** | |  | | |  | | |  | | |  |
|  | |  | | | | | | | | | | |
| **FLOODPLAIN HARVESTING ROI** | |  | | | | | | | | | | |
| **STORAGE CAPACITY (ML)** | |  | | | **INTAKE CAPACITY FPH (ML/DAY)** | | | | |  | |
| **NO. OF STORAGES > 1,000ML** | |  | | | **MEASUREMENT DEVICE Y/N** | | | | |  | |
| **NO. OF STORAGES < 1,000ML** | |  | | | **MEASUREMENT DEVICE Y/N** | | | | |  | |
|  |  | | | | | | | | | | | | | |
| **2. TRANSITION ARRANGEMENTS FOR NON-PATTERN APPROVED METER INSTALLED PRE-APRIL 2019** | | | | | | | | | | | | | | |
|
| **EXTRACTION SITE NUMBER(S)** | <complete a separate table for each site or for all sites in one> | | | | | | | | | | | | | |
| **TOTAL NUMBER OF SITES TO BE TRANSITIONED** |  | | | **FINAL SCHEDULED DATE FOR ANY REMAINING TASKS – ATTACH EVIDENCE** | | | | | | | | | | |
| **NUMBER OF INSTALLED TO MANUFACTURERS SPECIFICATIONS / EXISTING VALIDATION** | YES - | | | **OR IF YES, DATE COMPLETED** | | | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF FLOW VERIFICATION OR ACCURACY CERTIFICATE** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF OPERATIONAL CHECKS (FLOW)** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF SITE(S) VALIDATED** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **UNAVOIDABLE REASONS FOR DELAY**  **(CIRCLE OR EXPLAIN)** | Water supply issue – no flow testing, installation unsuitable requiring modification, manufacturer delays with certificate, supply Issues of meter/infrastructure, service delays, certification issues, awaiting Ministerial exemption, Other…. | | | | | | | | | | | | | |
| **3. SCHEDULE FOR INSTALLING NEW PATTERN APPROVED METER** | | | | | | | | | | | | | | |
|
| **EXTRACTION SITE NUMBER(S)** | <complete a separate table for each site or for all sites in one> | | | | | | | | | | | | | |
| **TOTAL NUMBER OF SITES REQUIRED** |  | | | **FINAL SCHEDULED DATE FOR ANY REMAINING TASKS ATTACH EVIDENCE** | | | | | | | | | | |
| **NUMBER OF PATTERN APPROVED METER ON ORDER** | YES - | | | **IF YES, DATE COMPLETED** | | | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF PATTERN APPROVED METER INSTALLED** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF OPERATIONAL CHECKS (FLOW)** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **NUMBER OF SITE VALIDATED** | YES - | | |  | | | | | |
| NO - | | |  | | | | | |
| **UNAVOIDABLE REASONS FOR DELAY**  **(CIRCLE OR EXPLAIN)** | Water supply issue – no flow test, meter supply delays, design and infrastructure rebuild, awaiting Ministerial exemption, other… | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **4. SCHEDULE FOR INSTALLING LOCAL INTELLIGENCE DEVICE – TELEMETRY UNIT** | | | | | | | | | | | | | | |
| **IS EXISTING TELEMETRY OPERATIONAL** |  | | | **SYSTEM** | | | | |  | | | | | |
| **TOTAL NUMBER OF SITES REQUIRED** |  | | | **FINAL SCHEDULED DATE FOR ANY REMAINING TASKS -ATTACH EVIDENCE** | | | | | | | | | | |
| **ORDERED LID** |  | | | **IF YES, DATE COMPLETED** | | | | |  | | | | | |
| **INSTALLED LID** |  | | |  | | | | | |
| **SITE VALIDATED** |  | | |  | | | | | |
| **UNAVOIDABLE REASONS FOR DELAY**  **(CIRCLE OR EXPLAIN)** | Supply issue, compatibility – MACE Series 3, compatibility concerns, network access, awaiting third party approval decision, other..  \ | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **5. DULY QUALIFIED PERSON** | | | | | | | | | | | | | | |
|
| **CONTACTED CMI / CMI NUMBER** |  | | | | | | | | | | | | | |
| **PRE-SITE INSPECTION DATES (LIST)** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **6. REDUNDANCY MEASURES FOR NON-VALIDATED SITES ONLY** | | | | | | | | | | | | | | |
| **HOW WILL WATER TAKE BE MEASURED** |  | | | | | | | | | | | | | |
| **HOW WILL WATER TAKE BE RECORDED** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **7. REDUNDANCY MEASURES FOR FLOODPLAIN HARVESTING** | | | | | | | | | | | | | |
| **HOW WILL WATER TAKE BE MEASURED** | | |  | | | | | | | | | | |
| **HOW WILL WATER TAKE BE RECORDED** | | |  | | | | | | | | | | |

NOTE - ATTACH/MAINTAIN RECORDS FOR EVIDENCE

Completed By:

Signed:

Date: