Water Removal Log Sheet

clarence VALLEY COUNCIL

Name of Business Approved to Remove Water from Council Watermains: _____ Vehicle Rego Number: _____

Water Collection Record					**Water Delivery Record**					***DOMESTIC DRINKING DELIVERIES ONLY*** **Records Required by NSW Health**		
Hydrant # *(as per document provided)*	Collection Date	Collection Time	Volume collected *(litres)*	Standpipe Serial No.	Delivery Customer	Delivery Address	Date of Delivery	Delivery Time	Volume delivered *(litres)*	Chlorine Added at Collection	Chlorine Amount	Chlorine Reading at Delivery
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		
	__/__/__			CVC_____			__/__/__			Yes / No		

Where tank is used for domestic drinking water deliveries please nominate the dates the tank was cleaned:

_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____