

**NOTICE OF WORK**  
**for Plumbing and Drainage Work**  
 Please supply requested information correct and neatly

<b>PROPERTY &amp; OWNER DETAILS</b>					
House No. 29	Street SUE CRESCENT	Suburb WEST TAMWORTH	Postcode 2340		
Lot No. 156	DP No. 241595	Nearest Cross Street	Municipality/Shire TAMWORTH REGIONAL COUNCIL		
Owner's Name NSW LAND & HOUSING CORPORATION	Full Address LOCKED BAG 5022, PARRAMATTA, NSW, 2124				
<b>LICENSEE'S DETAILS</b>					
Full Name SARAH SIMPSON	Address for Notices PO BOX 503, BANGALOW, NSW, 2479				
Phone No. 0416 527 410	Qualified Supervisor No.				
Licence No. 198243c					Expiry Date 04 09 2009
<b>WORK OF WATER SUPPLY</b>					
Give full Description of Work carried out <input checked="" type="checkbox"/> Install Water Supply _____ <input type="checkbox"/> Install Irrigation system _____ <input type="checkbox"/> On-site Alternative Water Services _____ <input type="checkbox"/> Install/Commission/Maintenance of Thermostatic Mixing Valve _____ <input checked="" type="checkbox"/> Connection to water supply _____ <input type="checkbox"/> Install, alter, disconnect or remove a backflow prevention device _____ <input type="checkbox"/> Other <i>RAINWATER TANK AS PER BASIX.</i>					
PLUMBING WORK TO COMPLY WITH <input checked="" type="checkbox"/> AS/NZS3500 <input type="checkbox"/> ALTERNATIVE SOLUTION <input type="checkbox"/> COMBINED					
<b>WORK OF SANITARY PLUMBING/DRAINAGE AND SUPPLY DRAINAGE PLAN</b>					
Give full description of work carried out <input checked="" type="checkbox"/> Carry out work of sanitary plumbing/drainage _____ <input type="checkbox"/> Connection to Sewer _____ <input type="checkbox"/> Sewer Disconnection _____ <input type="checkbox"/> Carry out Trade Waste Drainage _____ <input type="checkbox"/> Other _____					
DRAINAGE WORK TO COMPLY WITH <input type="checkbox"/> AS/NZS3500 <input checked="" type="checkbox"/> ALTERNATIVE SOLUTION <input type="checkbox"/> COMBINED					
<b>SEWERAGE/WATER SERVICE INSPECTION FEE</b>					
Date Fee Paid DD MM YYYY Amount \$	Date of Commencement of Work DD MM YYYY Reference No:	Estimated Date of Completion DD MM YYYY Contractors Signature			

1. This is your notification that you, as the Responsible Person, intend to carry out the work described on this 'NOTICE OF WORK', in accordance with provisions of the Regulators Act, Regulations, Codes and Standards.
2. This NOTICE TO WORK must be produced on the request of any person duly authorised by the REGULATOR.
3. The corresponding numbered CERTIFICATE OF COMPLIANCE must be submitted by you to the Local Regulator on the completion of a FINAL INSPECTION on the above work.