



WATER REGULATION SYSTEM IMPLEMENTATION FORM

We (Engineering/Consultant Office) under signed hereby declare that we had tested the water network for the below site, and found it in line with water Regulation System Requirement with emphasis on the following tabulated items

Application no.: _____ Owner name: _____ Tel.: _____
Address: Building _____ Road/Street: _____ Block : _____ Area: _____
Engineering/Consultant Office: _____ Tel.: _____

No.	Water Regulation System Description	Status/Unit	(EWA)Remarks
1	G. Tank easy to reach and not more than 30m from the Main meter.	_____ m	
2	Total water storage (Sufficient for 24 Hrs usage)	_____ m ³	
3	Ground Tank inlet level from the street level	1m <input type="checkbox"/> /1.5m <input type="checkbox"/>	
4	Ground Tank overflow line below the inlet (Audible or Visual alarm to fix for more than 10m ³ Ground Tank capacity).	3 cm <input type="checkbox"/> /5 cm <input type="checkbox"/>	
5	Overflow water pipes connection location	<input type="checkbox"/> Visible	
6	Methods of All water lines connections (easy to found leak and replace)	<input type="checkbox"/> Visible <input type="checkbox"/> Inside sleeve	
7	Installation Isolating Valves (Easy to reach) at each line (Hot & Cold) after Roof Tanks.	<input type="checkbox"/> Cold Lines <input type="checkbox"/> Hot Lines	
8	Hot & Cold pipes shall be fully insulated, or the length kept as short as possible.	<input type="checkbox"/> Insulated <input type="checkbox"/> Short length	
9	Illegal connection or bypass or intakes at direct line	No <input type="checkbox"/>	
10	Direct pumping from EWA network	No <input type="checkbox"/>	
11	Water appliance flow rate - Kitchen sink Tap (not more than 8 l/m) Wash basin Tap (not more than 6 l/m) Shower Tap (not more than 10 l/m)	_____ l/m _____ l/m _____ l/m	
12	Flash Tanks capacity (not more than 6 liters) with Isolating valve and Dual Flashing System	_____ l/m <input type="checkbox"/> Dual System	
13	Urinals flushing system (Max = 2Liter Per Flushing).	<input type="checkbox"/> Sensor <input type="checkbox"/> Manual	
14	Hydraulic Test completed (for 24Hrs Not less than 150% of the network internal pressure)	Test Date: _____	

Engineering Office: Site Checked by: _____ Signature _____ Date: _____
Stamp: _____
Checked by: _____ Signature _____ Date: _____
Stamp: _____
Engineer: S. Basker Kennedy
Signature: _____
Stamp: _____