## WAYLEAVE AGREEMENT

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hereinafter called the owner) the Owner and Occupier of lands within the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group Sewerage Scheme (GSS) agree with the GSS as follows:

1. The Water / Sanitary Authority may carry Sewerage through their pipes for the purpose of the Sewerage Scheme and may maintain on or under my said lands all necessary valves, taps, ball-cocks and other fittings required for such purposes.
2. The Water / Sanitary Authority nominated by them may at all reasonable times enter on my lands for the purpose of laying, inspecting, maintaining, improving, replacing or repairing the said pipes or fittings, and may carry out any such works and make any excavations necessary for such purpose as per the maps prepared for the Scheme and are within a distance of 5 meters on either side of the said line provided that in so doing the Water / Sanitary Authority shall take all reasonable care and shall restore the surface of the lands on completion of any such excavation.
3. I as the Owner will not interfere with or remove the said pipe or fittings and will do nothing which might impede the flow of Sewerage through the said pipe.
4. In this agreement the Wayleave is for the benefit of the Sanitary Authority for the time being of the said Scheme and, in the event of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Sewerage Scheme being taken over by the  **Sanitary Authority as defined under Water Services (No. 2) Act 2013,,** then I agree to the assignment of the benefit of this Wayleave to the **Sanitary Authority.**

**Wayleave Agreement No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Folio Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Owner (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed By the said Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Owner)** **Date** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Witness (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_