

Construction Statement – Backflow prevention device

This statement is to be included with the application for code compliance certificate.

TO: Christchurch City Council Building Consent Authority

In respect of building consent number: At: *(project address)*

BCN/

I have been engaged to install a backflow prevention device on the above approved building consent. I hereby certify that the work complies with the building consent and the New Zealand Building Code, I can confirm the following:

INSTALLATION	Yes	No
Backflow prevention device is positioned on the boundary as close as possible to the point of supply or water meter	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention device is fitted with a line strainer upstream of the valves	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention device is protected from frost and damage	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention device is accessible for testing and maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention device has been installed by a registered plumber	<input type="checkbox"/>	<input type="checkbox"/>
Has an independently qualified person (IQP) been engaged to test the backflow prevention device installation?	<input type="checkbox"/>	<input type="checkbox"/>
Have photos been taken of the installation and attached to this statement that shows the location of the backflow prevention device and its serial number?	<input type="checkbox"/>	<input type="checkbox"/>
For reduced pressure zone device only		
- Has free ventilation to the atmosphere for the relief valve outlet at all times	<input type="checkbox"/>	<input type="checkbox"/>
- Located in an area that is not subject to ponding	<input type="checkbox"/>	<input type="checkbox"/>
- Has the relief drain outlet located not less than 300 mm above the surrounding surface	<input type="checkbox"/>	<input type="checkbox"/>
- Installed horizontally with the relief valve discharge facing vertically down, unless different orientations are specifically recommended by the device manufacturer	<input type="checkbox"/>	<input type="checkbox"/>

Device type (model and hazard)

Device serial number

Device size (mm)

Installed by

Installation Company

Registration number

Certifying Plumber's Details

Name:

Registration number:

Qualifications:

Address:

Phone numbers:

<i>work</i>	<i>mobile</i>	<i>home</i>	<i>fax</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email:

I hereby state that the work prescribed in this consent application has been carried out by me or my employee and that the employee holds:

(select one)

<input type="checkbox"/>	A current licence under part 2, subpart 1 of the Plumbers Gasfitters and Drainlayers Act 2006; or
<input type="checkbox"/>	Is an exempt trainee under Section 13 of the Plumbers Gasfitters and Drainlayers Act 2006 and the work done by that trainee is carried out in accordance with a limited certificate issued by the Board to the trainee under section 14 of the Act.

I also understand that the Christchurch City Council in accepting this construction statement may be relying on it to issue the code compliance certificate at the completion of the building work.

Signature of Certifying Plumber:

Date:

<input type="text"/>	<input type="text"/>
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