**Construction Statement –**

**Backflow prevention device**

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

**TO: Christchurch City Council Building Consent Authority**

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| --- | --- | --- | --- |
| 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 |  |  |
| Backflow prevention device is fitted with a line strainer upstream of the valves |  |  |
| Backflow prevention device is protected from frost and damage |  |  |
| Backflow prevention device is accessible for testing and maintenance |  |  |
| Backflow prevention device has been installed by a registered plumber |  |  |
| Has an independently qualified person (IQP) been engaged to test the backflow prevention device installation? |  |  |
| 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? |  |  |
| **For reduced pressure zone device only** |  |  |
| * Has free ventilation to the atmosphere for the relief valve outlet at all times |  |  |
| * Located in an area that is not subject to ponding |  |  |
| * Has the relief drain outlet located not less than 300 mm above the surrounding surface |  |  |
| * Installed horizontally with the relief valve discharge facing vertically down, unless different orientations are specifically recommended by the device manufacturer |  |  |

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| --- | --- | --- | --- | --- |
| 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:

|  |  |  |  |
| --- | --- | --- | --- |
| *work* | *mobile* | *home* | *fax* |
|  |  |  |  |

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)*

|  |  |
| --- | --- |
|  | A current licence under part 2, subpart 1 of the Plumbers Gasfitters and Drainlayers Act 2006; **or** |
|  | 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.

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| Signature of Certifying Plumber: | Date: |
|  |  |