

Consenting & Compliance Group

Construction Statement –

Water supply system & above ground sanitary plumbing pipework testing

Send this Statement to:

Inspections Team, Consenting & Compliance Group, Christchurch City Council, PO Box 73013, Christchurch 8154, or fax (03) 941 5033, or email to: codecompliance@ccc.govt.nz.

TO: Christchurch City Council Building Consent Authority

Issued by: *(name of certifying plumber, holding a current licence)*

In respect of Building Consent Number: At: *(project address)*

<input type="text"/>	<input type="text"/>
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Made by: *(building consent applicant)*

In relation to: *(description of work)*

Water supply system

I have been engaged to undertake the plumbing work on the above approved building consent. I hereby certify that the work complies with the building consent and the NZ Building Code, and I have undertaken a pressure test for water tightness in accordance with:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | NZBC G12/AS1 7.5.1 (a),(b): By pressurising the pipework to 1500 kpa for a period of not less than 15 minutes for the hot and cold water supply and checking to see that there are no leaks; or |
| <input type="checkbox"/> | NZBC G12/AS1 7.5.2, NZS 7643 section 9: By pressurising the upvc. pipework to 1.5 times the maximum working pressure for a period of not less than 15 minutes and checking that there are no leaks; or |
| <input type="checkbox"/> | NZBC G12 VM1, AS/NZS 3500.1:2003: By pressurising the pipework to 1500 kpa for a period of not less than 30 minutes and checking to see that there are no leaks; or |
| <input type="checkbox"/> | By working pressure (only acceptable for solid/liquid fuel heater wet back connections and solar hot water systems pipework) for a period of not less than 15 minutes and checking that there are no leaks. |

For sanitary fixtures used for personal hygiene, I confirm that the anti-scald device has been set so as to not exceed:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 45°C for early childhood centres, schools, old people’s homes, institutions for people with psychiatric or physical disabilities, hospitals. (G12/ASI 6.14.1(a)); or |
| <input type="checkbox"/> | 55°C for all other <i>buildings</i> . (G12/ASI 6.14.1(b)) |

For hot water supply systems, I confirm the required measures to prevent the growth of Legionella bacteria:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Hot water supply system has been tested and set in accordance with G12/AS1 6.14.3; or |
|--------------------------|--|

<input type="checkbox"/>	Ancillary heating system (solar/heat pump) have been installed and tested in accordance with G12/AS2 3.5.1 ((a), (b) or (c)); or
<input type="checkbox"/>	Chlorine disinfection, UV sterilization or high temperature system as consented to circulating systems.

And I believe on reasonable grounds that the pipework has passed that test.

<input type="checkbox"/>	All work complies with the NZBC
<input type="checkbox"/>	Building is connected to a site specific allocated water meter
<input type="checkbox"/>	Water meter serial number is: <input type="text"/>

Above ground sanitary plumbing pipework

<input type="checkbox"/>	Not applicable as the building work does not include above ground sanitary plumbing pipework
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All above ground sanitary plumbing pipework has been tested to verify that the system is watertight.

<input type="checkbox"/>	By a water test in accordance with either clause 7.3 of AS/NZS 2032 or clause 15.2 of AS/NZS 3500.2
<input type="checkbox"/>	By an air test carried in accordance with either clause 15.3 of AS/NZS 3500.2 or paragraph 8.3 of E1/VM1
<input type="checkbox"/>	By a vacuum test in accordance with clause 15.4 of AS/NZS 3500.2

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:

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