

# Producer statement construction (PS3) Plumbing



All sections of this form must be completed

## TO BE COMPLETED BY THE CERTIFYING PLUMBER WHO COMPLETED THE WORK

|                               |  |
|-------------------------------|--|
| Plumber's name:               | <input type="text"/>                                   |
| Building consent No:          | <input type="text"/>                                   |
| Description of plumbing work: | <input type="text" value="Pressure testing pipework"/> |
| Legal description:            | <input type="text"/>                                   |
| Site address:                 | <input type="text"/>                                   |

I have sighted the above building consent and read the attached conditions of consent, and confirm that the plumbing pipe work and fittings have been selected and constructed to comply with the consented plans. I confirm that I have personally tested the water supply system by the method indicated below:

- By pressurising the pipe work to 1500kPa for a period of not less than 15 minutes (NZBC G12/AS1 7.5.1) (AS3500.4.9.3 for 30mins. AS3500.1.18.3 for 30mins) for both hot and cold water and checking to see that there are no leaks.
- By pressurising the u.p.v.c. cold water pipe work to 1.5 times the maximum working pressure for a period of not less than 15 minutes and checking to see that there are no leaks (NZBC G12/AS1, NZS7643 9.3.2)
- By pressurising the pipe work in accordance with the manufacturer's requirements (note the most robust test must be used)

Test report attached  Yes  No

I understand that this producer statement, if accepted, will be relied on by Far North District Council for the purposes of establishing compliance with the above building consent.

|                                     |                      |        |                      |                      |
|-------------------------------------|----------------------|--------|----------------------|----------------------|
| Signature:                          | <input type="text"/> | Date:  | <input type="text"/> |                      |
| Certifying plumber registration No: | <input type="text"/> |        |                      |                      |
| Plumber contact details:            |                      |        |                      |                      |
| Address:                            | <input type="text"/> |        | Postcode:            | <input type="text"/> |
| Business:                           | <input type="text"/> | Fax:   | <input type="text"/> |                      |
| Mobile:                             | <input type="text"/> | Email: | <input type="text"/> |                      |

## COUNCIL USE ONLY

Accepted:  in support of inspection  in lieu of inspection

Register checked:

YES

NO

BCOs name:

Registration current:

YES

NO

Producer statement accepted as establishing compliance with the consented plans:

YES

NO