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**Building Consenting Unit**

**Construction Statement –**

**pressure sewer system**

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| **This information is to be presented to the building inspector at the time of the 210 final inspection.** |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| BCN/ |  |  |  |

[ ]  Completely new pressure sewer system

[ ]  Reconnection or alteration an existing pressure sewer system

In relation to the installation of a pressure sewer system - Pump Ownership/Control *(tick one)*:

|  |
| --- |
| [ ]  **(i) To be Vested to CCC**  |
| [ ]  **(ii) To be Privately Owned but CCC Controlled** |
| [ ]  **(iii) To be Privately Owned and Operated** |

*Please refer to Part B and complete Section 1 for (i) and (ii) or Section 2 for (iii)*

**Commissioning**

***(to be completed by the Pump Supplier)***

|  |  |  |  |
| --- | --- | --- | --- |
| **INSPECTION** | **Yes** | **No** | **N/A** |
| Correct placement of pump in chamber and Lifting rope secure |[ ] [ ] [ ]
| Discharge hose connection secure and valves open |[ ] [ ] [ ]
| Electrical connection secure |[ ] [ ] [ ]
| Level sensor correctly placed |[ ] [ ] [ ]
| High level float sensor correctly placed |[ ] [ ] [ ]
| Pump operational at normal on/off levels  |[ ] [ ] [ ]
| Cellular signal confirmed and visible on portal |[ ] [ ] [ ]
| Level sensor reading on portal confirmed |[ ] [ ] [ ]
| High level float signal confirmed on portal and email notification |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pump Serial Number: |  | Control Panel Serial Number: |  | Tank Serial Number: |
|  |  |  |  |  |
| Commissioning completed by (Name): |  | Commissioning Company: |  | Commissioning Date: |
|  |  |  |  |  |
| Pump/Tank GPS Location: |  |  |  |  |
|  |  |  |  |  |

**Electrical**

Electrical Certificate Number:

|  |
| --- |
|  |

Note: Electrical connection to be on a dedicated 20A D curve circuit breaker and the electrical certificate for this installations is to be sent to the Council for Code Compliance along with this B-082 form.

**PART B – Please complete Section 1 or 2 below**

***(to be completed by the Certifying Drainlayer)***

**Section 1 – for Systems that will be Vested to Council or Private Systems that are Council Controlled**

I *(print name)* certify that the installation of the specified pressure sewer system has been carried out in accordance with the manufacturer’s instructions, the current approved building code and the current requirements of Christchurch City Council’s Infrastructure Design Standards and Construction Specification Standards.

|  |  |  |  |
| --- | --- | --- | --- |
| **INSPECTION** | **Yes** | **No** | **N/A** |
| Flushing of gravity lateral completed |[ ] [ ] [ ]
| Clearance of debris from pump chamber |[ ] [ ] [ ]
| Site layout schematic completed show off set boundary to house detailed on site layout for: |  |  |  |
| * Consented Tank location
 |[ ] [ ] [ ]
| * Pressure line
 |[ ] [ ] [ ]
| * Boundary box
 |[ ] [ ] [ ]
| * Control panel
 |[ ] [ ] [ ]
| * Dry lateral in constraint area
 |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certifying Drainlayer Name: |  | Certifying Drainlayer Registration Number: |  | Signature and Date: |
|  |  |  |  |  |

*(Certifying Drainlayer to be a CCC Authorised Drainlayer (Pressure Sewer System))*

Note: A detailed As-built design is to be completed for the items above and sent to the Council for Code Compliance along with this B-082 form.

**Section 2 – for Systems that will be Privately Owned and Operated**

***(to be completed by the Certifying Drainlayer)***

I *(print name)* certify that the installation of the specified pressure sewer system has been carried out in accordance with the manufacturer’s instructions, the current approved building code, the current requirements of Christchurch City Council’s Infrastructure Design Standards and Construction Specification Standards and The Private Sewer Pump Station Specification.

|  |  |  |  |
| --- | --- | --- | --- |
| **INSPECTION** | **Yes** | **No** | **N/A** |
| Flushing of gravity lateral completed |[ ] [ ] [ ]
| Clearance of debris from pump chamber |[ ] [ ] [ ]
| Site layout schematic completed show off set boundary to house detailed on site layout for: |  |  |  |
| * Consented Tank location
 |[ ] [ ] [ ]
| * Pressure line
 |[ ] [ ] [ ]
| * Boundary box
 |[ ] [ ] [ ]
| * Control panel
 |[ ] [ ] [ ]
| * Dry lateral in constraint area
 |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certifying Drainlayer Name: |  | Certifying Drainlayer Registration Number: |  | Signature and Date: |
|  |  |  |  |  |

Note: A detailed As-built design is to be completed for the items above and sent to the Council for Code Compliance along with this B-082 form.