

Building Consenting Unit

Construction Statement –

pressure sewer system

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)

- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge hose connection secure and valves open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical connection secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level sensor correctly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level float sensor correctly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump operational at normal on/off levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular signal confirmed and visible on portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level sensor reading on portal confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level float signal confirmed on portal and email notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearance of debris from pump chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site layout schematic completed show off set boundary to house detailed on site layout for:			
- Consented Tank location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pressure line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Boundary box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Control panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dry lateral in constraint area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearance of debris from pump chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site layout schematic completed show off set boundary to house detailed on site layout for:			
- Consented Tank location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pressure line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Boundary box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Control panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dry lateral in constraint area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.