

STATEMENT DRAINAGE WORK INSTALLED Construction Review



Send or deliver this form to: Kapiti Coast District Council,
175 Rimu Road, Paraparaumu 5032; Private Bag 60601, Paraparaumu 5254
For enquiries, phone 04 296 4700 (Toll Free: 0800 486 486)

TO BE COMPLETED BY THE INSTALLER	
Issued by:	
Registration number:	
Tick applicable	
<input type="checkbox"/>	In respect of: Stormwater Drains installed in accordance with E1 AS1 as shown on the approved plans or as per the attached amended plan.
<input type="checkbox"/>	In respect of: Private Sewer Drains installed in accordance with G13 AS2 or AS/NZS 3500 .2.2 as shown on the approved plans or as per the attached amended plan.
Installed at:	
Building Consent No:	
As a certified drainlayer, currently holding an annual practicing license, I certify that I, or personnel under my control, have carried out the installation of the above system and I believe on reasonable grounds that the installation complies with the New Zealand Building Code.	
Name:	Signature:
Address:	Date:
Phone:	Fax:
Mobil:	Email:

Note: Fully dimensioned as built drain plan to be supplied.(scale 1:100)
Drains may be laid and backfilled without inspection provided that the drain is left under test with a min of 1.0 m head and the inspection at the lateral left exposed.

Kāpiti Coast District Council Office Use Only				
Statement author authenticated and current registration verified. Verification and Registration checked through public register on www.pgdb.co.nz .				
Name:	<input style="width: 100%;" type="text"/>			
Signature:	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 40%;">Date:</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
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