

# SA Water & South Australian Councils CERTIFICATE OF COMPLIANCE

Form 228M-3

Booking Nos ..... Certificate No **764403A**

I certify that the *Sanitary Plumbing/Drainage* and/or *Heated Water and Cold Water* and, where applicable, *Recycled/Rainwater* installations as defined on this certificate are within the terms of my licence and have been completed and comply with the Regulations and Directions made under the Sewerage and Waterworks Acts or the Public and Environmental Health Act as applicable.

- |                                                       |                                                  |                                         |                                                 |
|-------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Install</b>    | <input type="checkbox"/> <b>Alter</b>            | <input type="checkbox"/> <b>Replace</b> | <input type="checkbox"/> <b>Service or Test</b> |
| <input checked="" type="checkbox"/> Sanitary Plumbing | <input checked="" type="checkbox"/> Drains       | <input type="checkbox"/> Heated Water   | <input type="checkbox"/> Cold Water             |
| <input type="checkbox"/> Recycled water               | <input type="checkbox"/> Rainwater               | <input type="checkbox"/> Backflow       | <input type="checkbox"/> Fire Service           |
| <input type="checkbox"/> On-site wastewater system    | <input type="checkbox"/> On-site reclaimed water | <input type="checkbox"/> STEDS/Other    |                                                 |

at the following address:..... RECYCLED WATER PUMP SHED .....

Description of premises:..... CNR NICHOLSON AVE & BRADFORD STREET .....

Owner/Client:..... WILLIMUNA CITY COUNCIL .....

**Council Name:** (when not connecting to SA Water's sewerage system) .....

Notes:..... DRAINAGE CONNECTION TO RECYCLED WATER PUMP SHED .....

..... FOR FILTER BACKWASH .....

## SANITARY PLUMBING

- |                                                                |                                      |
|----------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> W/C                                   | <input type="checkbox"/> Kitchen     |
| <input type="checkbox"/> Bathroom                              | <input type="checkbox"/> En-suite    |
| <input type="checkbox"/> Soil Stack                            | <input type="checkbox"/> Laundry     |
| <input checked="" type="checkbox"/> Gully                      | <input type="checkbox"/> Trade Waste |
| <input type="checkbox"/> Replacement of sanitary fixtures only |                                      |

☐ **COLD WATER - DN 25 or larger**

☐ **RECYCLED WATER**

## HEATED WATER

- ☐ New Installation  
☐ Replacement

Make of water heater .....

Capacity in litres .....

- |                                                    |                                   |
|----------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mains/Controlled pressure | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Cistern fed               | <input type="checkbox"/> Gas      |
| <input type="checkbox"/> Instantaneous             | <input type="checkbox"/> Solar    |

☐ **FIRE SERVICE**

☐ **RAINWATER**

## ON-SITE WASTEWATER DISPOSAL

☐ Sub-surface disposal system

☐ Septic Tank    ☐ Aerobic or other treatment system    ☐ On-site reclaimed water irrigation

**TEMPERATURE CONTROL:**    ☐ Tempering valve    ☐ Thermostatic mixing valve    ☐ Other

**BACKFLOW PREVENTION:** Account No:..... Water Meter No:.....

(new valves require an exact location plan to be submitted with this notice)

Device type, size, Serial No: .....

## PLUMBING CONTRACTOR

Print name: CRIG BROWN ..... Trading name: WESTSIDE PLUMBING .....

Signature: [Signature] ..... Licence number: PE 224642 ..... Date ...../...../.....

Address: 11-13 WEST THEARTON RD THEARTON .....

Telephone: 8451 2180 ..... Mobile: ..... Fax: .....

**CUSTOMER'S COPY:** This certificate is to be provided to the owner/occupier of the property on which the above installation was carried out within seven days of completing such work.



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- |                                                       |                                                  |                                         |                                                 |
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| <input type="checkbox"/> On-site wastewater system    | <input type="checkbox"/> On-site reclaimed water | <input type="checkbox"/> STEDS/Other    |                                                 |

at the following address:.....CARTLEDGE AVE # MEDDALL STEWART AVE.....

Description of premises:.....RECYCLED WATER RAIN WATER SHED.....

Owner/Client:.....WHYALLA CITY COUNCIL.....

**Council Name:** (when not connecting to SA Water's sewerage system) .....

Notes:.....DRAINAGE CONNECTION TO RECYCLED WATER PUMP.....

.....SHED FOR FILTER BACK WASH.....

**SANITARY PLUMBING**

- |                                                                |                                      |
|----------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> W/C                                   | <input type="checkbox"/> Kitchen     |
| <input type="checkbox"/> Bathroom                              | <input type="checkbox"/> En-suite    |
| <input type="checkbox"/> Soil Stack                            | <input type="checkbox"/> Laundry     |
| <input checked="" type="checkbox"/> <u>Gully</u>               | <input type="checkbox"/> Trade Waste |
| <input type="checkbox"/> Replacement of sanitary fixtures only |                                      |

**HEATED WATER**

- |                                                    |                                   |
|----------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> New Installation          |                                   |
| <input type="checkbox"/> Replacement               |                                   |
| Make of water heater .....                         |                                   |
| Capacity in litres .....                           |                                   |
| <input type="checkbox"/> Mains/Controlled pressure | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Cistern fed               | <input type="checkbox"/> Gas      |
| <input type="checkbox"/> Instantaneous             | <input type="checkbox"/> Solar    |

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☐ **RECYCLED WATER**

☐ **FIRE SERVICE**

☐ **RAINWATER**

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☐ Septic Tank    ☐ Aerobic or other treatment system    ☐ On-site reclaimed water irrigation

**TEMPERATURE CONTROL:**    ☐ Tempering valve    ☐ Thermostatic mixing valve    ☐ Other

**BACKFLOW PREVENTION:** Account No:..... Water Meter No:.....

(new valves require an exact location plan to be submitted with this notice)

Device type, size, Serial No: .....

**PLUMBING CONTRACTOR**

Print name: CRAIG BROWN..... Trading name: WESTSIDE PLUMBING.....

Signature:..... Licence number: AGE 224842..... Date ...../...../.....

Address:.....11-13 WEST THERAGON RD, THERAGON.....

Telephone: 84512180..... Mobile:..... Fax: .....

**CUSTOMER'S COPY:** This certificate is to be provided to the owner/occupier of the property on which the above installation was carried out within seven days of completing such work.