

Plumber

# Plumbing Pressure Test Memorandum

Issued by:  
(Plumber)

LUIS AGNEW

Registration  
Number:

16475

Company  
Name:

MCGUIRE PLUMBING LIMITED

Company  
Address:

67 VICKERY STREET  
TE RAPA  
HAMILTON  
PO BOX 28002  
ROTOTUNA

Company  
Contact  
Details: Ph:

022 657 8039

Mb: 021 346 852

Fx: 

To:

- Hamilton City Council
- Hauraki District Council
- Matamata-Piako District Council
- Otorohanga District Council
- Thames-Coromandel District Council
- Waikato District Council
- Waipa District Council
- Waitomo District Council

Building  
Consent  
Number:

2016/36139

Building  
Owner:

Brett and Carol Dewdney

Project  
Address:

Lot 358 (3) Maia Place, Hamilton

Description  
of Building  
Work:

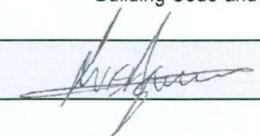
Completion of a pressure test on the plumbing system

Scope of work  
covered by  
statement:

We certify that the system was tested to 1500kpa for a period of 30 minutes. This test was conducted in accordance with manufacturer recommendations and complies with the pressure testing provisions of the New Zealand Building Code and Approved Solution G12 AS1 and AS/NZS3500.1.2 as appropriate.

I understand that this Statement, if accepted, may be relied upon for the purpose of establishing compliance with the Building Code and Building Consent.

Signed by:  
(Plumber)



Date:

18/01/2018



# GAS SAFETY & COMPLIANCE CERTIFICATE

McGUIRE PLUMBING LIMITED

P.O.BOX 28002, HAMILTON

Mobile 021 346 852 Email [luis@mcguireplumbing.co.nz](mailto:luis@mcguireplumbing.co.nz)

Mobile: 022 657 8039 Email [admin@mcguireplumbing.co.nz](mailto:admin@mcguireplumbing.co.nz)

Reference No: 0103

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	RPS QUALITY HOMES	INSTALLATION	RPS QUALITY HOMES
ADDRESS	133 COLLINGWOOD STREET HAMILTON	ADDRESS	3 MAIA PLACE FLAGSTAFF HAMILTON 3281
DESCRIPTION AND LOCATION OF THE GASFITTING:  INSTALLED 1 X RINNAI INFINITY VT20 REU VR2024 WGZK SOUTH WALL 160mj/h  INSTALLED PIPEWORK (DRAWING ATTACHED)			
GAS TYPE	Natural Gas	GAS SUPPLY PRESSURE	2.85 KPa
DATE(S) GASFITTING PERFORMED	30.1.18	DATE OF GAS CONNECTION	30.1.18
STANDARD RISK CLASSIFICATION (tick one) <input type="checkbox"/> Low <input checked="" type="checkbox"/> General <input type="checkbox"/> High			
NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION:  Luis Agnew 16475			
CERTIFICATE ATTACHMENTS (tick as applicable) <input checked="" type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input checked="" type="checkbox"/> Certified Designs: Enter details of any designs (drawing attached)			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input checked="" type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the <input checked="" type="checkbox"/> whole <input type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Luis Agnew		
REGISTRATION TYPE & NUMBER	16475		
SIGNATURE			
DATE	30.1.18		

Electrician



# Compliance and Electrical Safety Certificate

This form has been issued by the Electrical Workers Registration Board



Safety • Competency

Unique ID: Dewdney

This form has been designed to be used by licensed electrical workers to certify low voltage installations or part installations that comply with Part 2 of AS/NZS 3000 and are safe to be connected to a 230/400 volt multiple earth neutral (MEN) system of electrical supply.

### (1) Location of installation

Address: lot 358 maia place Hamilton

### (2) Customer Information

Name: Rps Homes

Postal Address: \_\_\_\_\_

Phone and Email: 07 8493407 OFFICE @ BOSSNZ.NET

### (3) Electrical Worker Information

Name: CHRIS RAE Registration/Practising Licence Number: e260328

Organisation: BOSS electrical Telephone Number: 022 3964660

Email: Site @ BOSSNZ.NET

Name of person(s) being supervised: \_\_\_\_\_

### (4) Work Details

The work is (circle): **additions** | alterations | new work

The prescribed electrical work is:  High Risk  General  Low Risk  The homeowner has undertaken part of the electrical installation work.

Indicate the number of each item installed or altered:

Number of lighting outlets:	<u>61</u>	<u>2 x Towel Rails</u>
Number of socket outlets:	<u>33</u>	<u>2 x Fans</u>
Number of ranges:	<u>1</u>	<u>1 x Aircon unit</u>
Number of water heaters:	<u>✓</u>	

Tick (✓) if work includes:

- Mains
- MEN switchboard closest to point of supply
- Main Earthing System
- Electric Lines

### (5) Certification of Work

I certify that the completed prescribed electrical work to which this certificate applies, has been done lawfully and safely and the information in the certificate is correct in that the installation, or part of the installation:

- has been installed in accordance with a certified design
- has an earthing system that is correctly rated
- contains fittings which are safe to connect to a power supply
- relies on supplier's Declaration of Conformity (attach or reference<sup>1</sup>)
- relies on manufacturer's instructions (attach or reference<sup>1</sup>)
- has been satisfactorily tested in accordance with Electricity (Safety) Regulations 2010
- is safe to connect

Test Results:		
	Electrical Worker	Inspector
Polarity (independent earth):	<u>✓</u>	
Insulation resistance:	<u>120MΩ</u>	
Earth continuity:	<u>✓</u>	
Bonding:	<u>✓</u>	
Other (specify):		

Electronic reference: \_\_\_\_\_

Electrical Worker's Signature: CHRIS RAE

Date: 1.12.17

1. If it is impractical to attach a copy of a particular manufacturer's instructions, or of any certified design or supplier declarations of conformity, provide a reference to where the documents can be found, in a readily accessible format, through electronic means.

### (6) Electrical Safety Certificate

I certify that the installation, or part of the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use

Name: CHRIS RAE Registration/Practising Licence Number: e260328

Signature: CHRIS RAE

Date: 1.12.17

(if certifier is different from electrical worker)

Insulation

# CERTIFICATE OF COMPLETION



## Premier A Grade Insulation Ltd

**Property Address:** Lot 358 Maia Place, Hamilton

This is to certify that the following products were installed by Premier A Grade Insulation Ltd at the above mentioned address and that it conforms with the requirements of the New Zealand Building Code

Insulation Installed in Walls:	Insulation Installed in Ceilings:
Premier A Grade R2.2	Premier A Grade R3.3
<b>Builder:</b> BJS Developments Ltd	
<b>Authorised Signature:</b> <i>M. Greenfield</i>	<b>Date:</b> 2 November 2017

**Premier Insulation Auckland**  
 59 Druces Road - Wiri, Manukau.  
 PO Box 97272 MANUKAU Auckland  
 E: sales@premierinsulation.co.nz  
 P: 0800 467 855 or 09 269 4023  
 F: 09 269 4026

CONGRATULATIONS!  
YOU'RE WELL INSULATED



Visit [premierinsulation.co.nz](http://premierinsulation.co.nz) for terms and conditions