

GENERAL NOTES: This form is to be used for the purposes of sections 101 and 103 of the Plumbing and Drainage Regulation 2019 (PDR). Completion of all applicable sections is mandatory. This form must be submitted to local government within 10 business days after inspecting or testing the device.

<p>1. Description of land</p> <p><small>The description must identify all land the subject of the application. The lot and plan details (e.g. SP/RP) are shown on the title documents or a rate notice.</small></p>	<p>Street address (include number, street, suburb/locality and postcode)</p> <div style="border: 1px solid black; padding: 2px;">8 Endeavor Dve, Kunda Park Qld 4556</div> <p>Lot and plan:</p> <div style="border: 1px solid black; padding: 2px;">Lot 3 on RP861757</div> <p>Shop/tenancy number: <input style="width: 100px;" type="text"/> Story/level: <input style="width: 100px;" type="text"/> Local government area:</p> <div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: 150px;">Sunshine Coast Regional Council</div>
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2. Type of notice	<input type="checkbox"/> Installation/reg'n <input type="checkbox"/> First test (new device) <input checked="" type="checkbox"/> Standard test <input type="checkbox"/> Removal of Device
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3. Hazard Level	<input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low
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<p>4. Backflow prevention device and test results</p> <p><small>ID Number means the number allocated to the device by the local government or otherwise the manufacturers serial number.</small></p>	<p>Type of protection</p> <input checked="" type="checkbox"/> Containment protection <input type="checkbox"/> Zone protection <input type="checkbox"/> Individual protection																
	<p>Type of device</p> <input checked="" type="checkbox"/> Double check valve <input type="checkbox"/> Pressure type vacuum breaker <input type="checkbox"/> Reduced pressure zone device <input type="checkbox"/> Registered air gap <input type="checkbox"/> Registered break tank <input type="checkbox"/> Single check valve (testable)																
	<p>Location of device (e.g. Under the stairs on the North side of the building serving fire hose reel)</p> <div style="border: 1px solid black; padding: 2px;">Front RH side boundary adjacent to water meter.</div> <p>Mains pressure <input style="width: 150px;" type="text"/> 700 kPa Time of test <input style="width: 150px;" type="text"/> 12:14</p> <p>Main device</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Make and Type</td> <td style="width:25%;">Size</td> <td style="width:25%;">Model Number</td> <td style="width:25%;">ID Number</td> </tr> <tr> <td><input style="width: 100%;" type="text"/> Febco</td> <td><input style="width: 100%;" type="text"/> 25</td> <td><input style="width: 100%;" type="text"/> 850L</td> <td><input style="width: 100%;" type="text"/> H02000</td> </tr> </table> <p>Check Value #1 <input style="width: 100px;" type="text"/> 15 kPa Check Valve #2 <input style="width: 100px;" type="text"/> 12 kPa Differential Pressure <input style="width: 150px;" type="text"/></p> <p>Upstream isolating valve: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking Strainer Fitted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Downstream isolating valve: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking</p> <p>By-Pass Test Results (if applicable)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Make and Type</td> <td style="width:25%;">Size</td> <td style="width:25%;">Model Number</td> <td style="width:25%;">ID Number</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table> <p>Check Value #1 <input style="width: 100px;" type="text"/> Check Valve #2 <input style="width: 100px;" type="text"/> Differential Pressure <input style="width: 150px;" type="text"/></p> <p>Upstream isolating valve: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking Downstream isolating valve: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking</p> <p>Differential pressure between the sum of both checks on the Main and Bypass valves <input style="width: 150px;" type="text"/> (main sum) - (bypass sum) = (kPa differential)</p> <p>Test Remarks</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Make and Type	Size	Model Number	ID Number	<input style="width: 100%;" type="text"/> Febco	<input style="width: 100%;" type="text"/> 25	<input style="width: 100%;" type="text"/> 850L	<input style="width: 100%;" type="text"/> H02000	Make and Type	Size	Model Number	ID Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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5. Air gap	Type of Air Gap <input type="checkbox"/> Registered air gap <input type="checkbox"/> Registered break tank Registration/serial number: Size of inlet orifice: Air gap sizing req. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> Total height spill level plus air gap <input type="text" value="Min req.:"/> <input type="text" value="Actual:"/>
6. Test kit	Test kit serial number <input type="text" value="E3141-5-8"/> Date test kit last verified <input type="text" value="22-06-2023"/>
7. Owner/occupier contact details	Owner/occupier name <input type="text" value="Mapp Enterprises Pty Ltd"/> Postal Address (include number, street, suburb/locality and postcode) <input type="text" value="8 Endeavour Drive Kunda Park Qld 4556"/> Contact phone number Email <input type="text" value="0458 626 002"/> <input type="text" value="lang@catholicanodes.com.au"/>
8. Authorised tester details	Authorised testers name Authorised testers phone number <input type="text" value="Mark White"/> <input type="text" value="0408978886"/> Occupational licence number Contractors licence number (if applicable) <input type="text" value="12870"/> <input type="text"/> Date of test Authorised testers Email <input type="text" value="23-11-2023"/> <input type="text" value="mark@backflowmanagement.com.au"/>
9. Contractor licence <small>If the 'responsible person' is not the contractor for the work, the contractor's details must be provided here.</small>	Full name of company (or individual if not a company) <input type="text" value="Backflow Management"/> Contractors licence number Phone number Email address <input type="text" value="15281026"/> <input type="text" value="0414714714"/> <input type="text" value="admin@backflowmanagement.com.au"/>
10. Authorised tester's completion/results <small>If the test and/or commissioning does not comply with the code requirements a detailed description must be provided.</small>	I have tested the above device/s in accordance with AS 2845.3:2010 Appendix: (to be nominated by the tester) <input type="checkbox"/> Appendix A: Registered air gaps and registered break tanks <input type="checkbox"/> Appendix C: Pressure-type vacuum-breaker <input type="checkbox"/> Appendix D: Reduced-pressure-zone backflow prevention device <input checked="" type="checkbox"/> Appendix E: Double check-valve <input type="checkbox"/> Appendix F: Reduced-pressure-detector assembly <input type="checkbox"/> Appendix G: Double check detector assembly backflow prevention device <input type="checkbox"/> Appendix H: Single check valve testable device <input type="checkbox"/> Appendix I: Single check-valve detector assemblies <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
11. Declaration	I hereby state that the information provided in this form is a true and accurate record. Signature <div style="border: 1px solid black; width: 400px; height: 50px; margin-top: 5px; display: flex; align-items: center; justify-content: center;"> </div> Date <input type="text" value="23-11-2023"/>
<small>PRIVACY NOTICE: The information on this form is collected as required under the Plumbing and Drainage Act 2018 (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government's financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the Information Privacy Act 2009. RTI: The information collected on this form will be retained as required by the Public Records Act 2002 and other relevant Acts and regulations and is subject to the Right to Information regime established by the Right to Information Act 2009. © The State of Queensland (Department of Housing and Public Works) 2019. Published by the Queensland Government, July 2019, 63 George Street, Brisbane Qld 4000</small>	