

	<b>CLUTHA DISTRICT COUNCIL</b> <b>PRODUCER STATEMENT –</b> <b>SEPTIC TANKS</b>	<b>BUILDING</b> <b>CONSENT NO:</b>
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<i>Please complete and return to:</i>	Clutha District Council PO Box 25 Balclutha
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Issued by: <i>(Approved Installer's Names and Company)</i>	
For: <i>(owner)</i>	

Type of Effluent Disposal Tank:	
At: <i>(address)</i>	

**As the installer for the above works, and being specifically trained and approved by the supplier, I believe that the work has been completed in accordance with good trade practice and the manufacturer's specifications.**

**As a member of \_\_\_\_\_ covered by a current policy of Professional Indemnity Insurance to a minimum value of \$200,000, I believe on reasonable grounds that subject to all proprietary products meeting their performance requirements, this installation will comply with the provisions of the New Zealand Building Code.**

Signature of Approved Installer:	Date:
Address:	

For Office Use Only	
<input type="checkbox"/>	Accepted as being suitably qualified to issue statement
<input type="checkbox"/>	Not Accepted – applicant advised
Signed: _____	Date: _____