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|---|--|---------------------------------------|
|  | <b>CLUTHA DISTRICT COUNCIL</b><br><b>PRODUCER STATEMENT –</b><br><b>SEPTIC TANKS</b> | <b>BUILDING</b><br><b>CONSENT NO:</b> |
|---|--|---------------------------------------|

|                                       |   |
|---------------------------------------|---|
| <i>Please complete and return to:</i> | Clutha District Council<br>PO Box 25<br>Balclutha |
|---------------------------------------|---|

|   |  |
|---|--|
| Issued by:<br><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: _____   |