	cal Authority of n/Registration	Gold Coast City ✓ FirstTest	_	t Removal		ORT NO. 50329 xisting Device		
Owner/Occupier Postal Address	MORRIS PROPER SUITE 101 2400 GOLD COAST HV SURFERS PARAD	WY	code 4217	Phone Email Licence No.	gary@back 11278	782 422 flowman.com.au 3		
Property Name Site Address	18 REMEMBERAN		c ode 4217	Test Kit Serial N	7147! e Exp Date 17-Ju lo. 0721 st certified 06-Fe	n-25 1561		
Contact Email	PLUMBER LIAM \ liam.wall@plumb	WALL Phone	0416 308 505	Water pres	Juic	8 AM PM		
Make of Device Containment P	Device Location GROUND LEVEL BIN ENCLOSER Make of Device VALVCHEQ Size (mm) 40 Model No RP03 Serial No 10792423/35 Containment Protection □ Zone Protection ▼ Individual Protection □ Downstream Unknown □							
Hazard Level High ✓ Medium □ Low □ ✓ RPZ RPDA DCV □ DCDA SCV □ SCDA □ PTVB					SRPVB	Unknown Usolation Valves Left In Open Position after Test		
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No		
Initial Test before Maintenance	Closed Tight 55 Kpa	✓ Closed Tight 14 Kpa	✓ Opened at 19 Kpa	Closed Tight Kpa	Opened at Kpa	Tightness of Isolation Valves		
Reason for failure Describe Repairs	Leaked	Leaked	☐ Not opened	Leaked	☐ Not opened	Inlet Outlet Valve Valve		
Test after Repair	☐ Closed Tight Kpa	☐ Closed Tight Kpa	☐ Opened at Kpa	☐ Closed Tight Kpa	☐ Opened at Kpa	Closed Tight		
By-Pass Device	Make 1st Check K	Ту ј ра 2nd Check		mm) Mode		Closed Tight		
□ Registered Air Gap Inlet Pipe Diameter, Air gap spacing, Air gap bridged or bypassed □ Registered Break Tank D: mm H: mm Yes □ No □								
REMARKS: : PO	CS/2022/1055				PASS 🗸	FAIL \square		

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

Within the Lo	cal Authority of	f Gold Coast City		REPO	ORT NO. 50330				
☐ Installation	n/Registration	✓ FirstTest	Standard Test	t Removal	Replace Ex	xisting Device			
Owner/Occupier	MORRIS PROPE	RTY GROUP		Authorised Test	er's Name Gary				
Postal Address	SUITE 101 2400			Phone 0418 782 422 Email gary@backflowman.com.au					
	GOLD COAST H			Licence No.	11278				
	SURFERS PARAI	DISE Post	code 4217	QBCC No.	71475	53			
Property Name				Backflow Licence	e Exp Date 17-Jui	n-25			
Site Address	18 REMEMBERA	NCE DR		Test Kit Serial N	l o. 07211	561			
				Date Test Kit las	st certified 06-Fe	b-23			
Contact	SURFERS PARAL		code 4217	Water pres	Sura A	pprox time of test			
Email	PLUMBER LIAM liam.wall@plum	wall Phone binglogix.com.au	0416 308 505	450 K	Juic	8 AM PM			
Device Location	inariman c prama ingregation and								
Make of Device		Size (mn	_	No RP03	Serial No				
Containment P		Zone Protection	✓ Individ	lual Protection \square	Downstr	ream Unknown 🗀			
Hazard Level	High 🗹	Medium		Low \square		Unknown 🗆			
✓ RPZ □ RPI	DA 🗆 DCV [□ DCDA □ SCV	\square SCDA	□ PTVB	SRPVB	Isolation Valves Left In Open Position after Test			
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No □			
Initial Test before	✓ Closed Tight		Opened at	\square Closed Tight	\square Opened at	Tightness of			
Maintenance	53 Kpa	¹² Kpa	¹⁸ Kpa	Кра	Кра	Isolation Valves			
Reason for failure	Leaked	☐ Leaked	\square Not opened	☐ Leaked	\square Not opened				
Describe Repairs						Inlet Outlet Valve Valve			
Test after Repair	\square Closed Tight	\square Closed Tight	\square Opened at	\square Closed Tight	\square Opened at	✓ Closed ✓			
	Кра	Кра	Кра	Кра	Кра	Tight			
By-Pass	Make	Ту	pe Size (mm) Mode	·I	□ Closed □			
Device	1st Check	Kpa 2nd Check	Kpa Diff						
Registered Air Gap Inlet Pipe Diameter, Air gap spacing, Air gap bridge					Air gap bridged	or bypassed			
Registered B		mm	H:	mm	Yes \square	No 🗆			
3	5/2022/1055								
	• • • • •				PASS 🗸	FAIL 🗆			

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

	cal Authority of n/Registration	Gold Coast City ✓ FirstTest		t Removal		ORT NO. 50331		
Owner/Occupier Postal Address	MORRIS PROPER SUITE 101 2400 GOLD COAST HV SURFERS PARAD	VY	code 4217	Phone Email Licence No.	gary@backi 11278	782 422 flowman.com.au		
Property Name Site Address	18 REMEMBERAN		code 4217	Test Kit Serial N	71475 The Exp Date 17-Jui The Inc. 07211 The St certified 06-Fellows (1984)	n-25 561		
Contact Email	PLUMBER LIAM \ liam.wall@plumb	WALL Phone	0416 308 505	Water pres	,sui c	Approx time of test 8 AM PM		
Device Location GROUND LEVEL METER BOX Make of Device VALVCHEQ Size (mm) 150 Model No SCVT Serial No 10804613/02 Containment Protection Zone Protection ✓ Individual Protection □ Downstream Unknown □								
□ RPZ □ RPDA □ DCV □ DCDA ☑ SCV □ SCDA □ PTVB □ SRPVB Left I					Unknown Usolation Valves Left In Open Position after Test			
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No		
Initial Test before Maintenance	Closed Tight 14 Kpa	Closed Tight Kpa	Opened at Kpa	Closed Tight Kpa	Opened at Kpa	Tightness of Isolation Valves		
Reason for failure Describe Repairs	Leaked	Leaked	☐ Not opened	Leaked	☐ Not opened	Inlet Outlet Valve Valve		
Test after Repair	☐ Closed Tight Kpa	☐ Closed Tight Kpa	Opened at Kpa	☐ Closed Tight Kpa	☐ Opened at Kpa	Closed Tight		
By-Pass Device	Make 1st Check K	Ty lpa 2nd Check		mm) Mode		Closed Tight		
Registered Air Gap Inlet Pipe Diameter, Air gap spacing, Air gap bridged or bypas Registered Break Tank D: mm H: mm Yes \(\sumeq \) No								
REMARKS: NO	GEAR KEV HANDLES	PCS/2022/1055			PASS 🗹	FAIL 🗆		

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (I)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

	cal Authority of n/Registration	Gold Coast City ✓ FirstTest		t Removal		ORT NO. 50332 xisting Device	
Owner/Occupier Postal Address	MORRIS PROPER SUITE 101 2400 GOLD COAST HV	WY	code 4217	Phone Email Licence No.	gary@back 11278	782 422 flowman.com.au 3	
Property Name Site Address	18 REMEMBERAN		c ode 4217	Test Kit Serial N	71475 The Exp Date 17-Ju The Io. 07211 The St certified 06-Fe	n-25 561	
Contact Email	PLUMBER LIAM \ liam.wall@plumb	WALL Phone	0416 308 505	Water pres	Juic	8 AM PM	
Device Location LEV 9 BIN CHUTE ENCLOSER Make of Device VALVCHEQ Size (mm) 20 Model No RP03 Serial No 10797251/16 Containment Protection □ Zone Protection ▼ Individual Protection □ Downstream Unknown □							
Hazard Level High Medium □ RPZ □ RPDA □ DCV □ DCDA □ SCV □ SCDA □				Low U	□ SRPVB	Unknown Usolation Valves Left In Open Position after Test	
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No	
Initial Test before Maintenance	Closed Tight 54 Kpa	Closed Tight 16 Kpa	Opened at 17 Kpa	☐ Closed Tight Kpa	Opened at Kpa	Tightness of Isolation Valves	
Reason for failure Describe Repairs	Leaked	Leaked	☐ Not opened	Leaked	☐ Not opened	Inlet Outlet Valve Valve	
Test after Repair	☐ Closed Tight Kpa	☐ Closed Tight Kpa	Opened at Kpa	☐ Closed Tight Kpa	☐ Opened at Kpa	Closed Tight	
By-Pass Device	Make 1st Check K	Ту ј ра 2nd Check		mm) Mode		Closed Tight	
☐ Registered Air Gap Inlet Pipe Diameter, Air gap spacing, Air gap bridged or bypassed ☐ Registered Break Tank D: mm H: mm Yes No ☐							
REMARKS: : PO	CS/2022/1055				PASS 🗸	FAIL \square	

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

Within the Lo	cal Authority of	f Gold Coast City		REPO	DRT NO. 50334		
☐ Installation	/Registration	✓ FirstTest	Standard Test	t Removal	Replace Ex	xisting Device	
Owner/Occupier	MORRIS PROPE	RTY GROUP		Authorised Test	er's Name Gary		
Postal Address	SUITE 101 2400			Phone	782 422		
GOLD COAST HWY				Email Licence No.	flowman.com.au		
	SURFERS PARA	DISE Post	code 4217		11278		
Property Name				QBCC No.	71475		
Site Address	18 REMEMBERA	NCE DR		Test Kit Serial N	re Exp Date 17-Juilo. 07211		
					st certified 06-Fe		
	SURFERS PARA	DISE Post	code 4217	Date Test Kit las			
Contact	PLUMBER LIAM	WALL Phone	0416 308 505	Water pres	Jane	pprox time of test	
Email	liam.wall@plum	binglogix.com.au		450 K	(ра	8 AM PM	
Device Location	BASEMENT 1 N	ORTH EAST PERIMET	ER WALL				
Make of Device	WILKINS	Size (mm	_	No 375	Serial No		
Containment P	rotection \square	Zone Protection	✓ Individ	lual Protection \square	Downstr	ream Unknown 🗀	
Hazard Level	High 🗹	Medium		Low \square		Unknown \Box	
✓ RPZ □ RPI	DA 🗆 DCV [□ DCDA □ SCV	\square SCDA	□ PTVB	SRPVB	Isolation Valves Left In Open Position after Test	
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No	
Initial Test before	✓ Closed Tight	✓ Closed Tight	✓ Opened at	☐ Closed Tight	Opened at		
Maintenance	71 Kpa		22 Kpa	Кра	Кра	Tightness of Isolation Valves	
Reason for failure	Leaked	☐ Leaked	☐ Not opened	Leaked	☐ Not opened	isolation valves	
Describe Repairs						Inlet Outlet Valve Valve	
Test after Repair	☐ Closed Tight	☐ Closed Tight	Opened at	☐ Closed Tight	☐ Opened at	✓ Closed ✓	
	Кра	_	Кра	Кра	Кра	Tight	
By-Pass	Make	Tvi	pe Size (mm) Mode	<u> </u> 		
Device	Make Type 1st Check Kpa 2nd Check Kpa			Kpa Seria l		☐ Closed ☐ Tight	
Registered Air Gap Inlet Pipe Diameter, Air				cing,	Air gap bridged	or bypassed	
Registered B		mm	H:	mm	Yes \square	No 🗆	
_	5/2022/1055		1		PASS 🗹	FAIL	

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

Within the Local Authority of Gold Coast City Council							REPO	RT NO. 50336
☐ Installation	n/Registratio	n 🔽	FirstTest	Standard Test	t Removal	\Box Rep	lace Ex	isting Device
Owner/Occupier	MORRIS PRO	OPERTY	GROUP		Authorised Tes	ter's Name	Gary E	lwood
Postal Address	SUITE 101 2400				Phone 0418 782 422			
GOLD COAST HWY					Email gary@backflow			<u>owman.com.au</u>
	SURFERS PA	RADISE	Post	code 4217	Licence No.		11278	
Property Name					QBCC No.	aa Euro Dat	714753	
Site Address 18 REMEMBERANCE DR					Backflow Licen Test Kit Serial I	-	072115	
					Date Test Kit la			
	SURFERS PA	RADISE	Post	code 4217	Date Test Kit ia	st certified		
Contact	PLUMBER LIA			0416 308 505	Water pre		-	pprox time of test
Email	liam.wall@pl	umbing	glogix.com.au		450	Кра		8 AM PM
Device Location	GROUND LE	VEL WA	ASTE ROOM					
Make of Device	VALVCHEQ		Size (mm	n) 20 Model I	No RP03	Se	rial No	10798463/56
Containment P	Protection \square		Zone Protection	☐ Individ	lual Protection 🗹	[Downstre	eam Unknown 🗆
Hazard Level	High 🗹		Medium		Low \square			Unknown \Box
✓ RPZ □ RPI	DA 🗆 DCV		CDA SCV	□ SCDA	□ РТVВ	□ SRPVB		Isolation Valves Left In Open
Main Valve	Check Valve No. 1		Check Valve No. 2	Differential Pressure	Check Valve	Air Inle	•	Position after Test Yes No ✓
Initial Test before	✓ Closed Ti	ght 🔽	Closed Tight	✓ Opened at	☐ Closed Tight	☐ Oper	ed at	
Maintenance	46 k		15 Kpa	21 Kpa	Кра		Кра	Tightness of Isolation Valves
Reason for failure	Leaked		Leaked	☐ Not opened	☐ Leaked	☐ Not o	pened	. Isolation valves
Describe Repairs								Inlet Outlet Valve Valve
Test after Repair	☐ Closed Ti	ght [Closed Tight	Opened at	☐ Closed Tight	☐ Oper	ed at	✓ Closed ✓
		(ра	Kpa	Кра	Кра		Кра	Tight
		<u>' </u>						
By-Pass	Make		Tyl	pe Size (mm) Mod	el		☐ Closed ☐
Device	1st Check	Кра	2nd Check	Kpa Diff	Kpa Serial No Tight			Tight
☐ Registered Air Gap Inlet Pipe Diameter, Air gap spa					rina	Air gap	bridged o	or bypassed
☐ Registered B	,	ctripe	mm	H:	mm	Yes		No 🗆
_	5/2022/1055		1					
REIVIARRS: PC	J, 2022) 1033					PASS	✓	FAIL 🗆

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature

Within the Lo	cal Authority of	Gold Coast City		REP	ORT NO. 50339	
☐ Installation	n/Registration	✓ FirstTest	Standard Tes	t Removal	Replace E	xisting Device
Owner/Occupier	MORRIS PROPER	RTY GROUP		Authorised Test	er's Name Gary	Elwood
Postal Address	SUITE 101 2400			Phone 0418 782 422		
	GOLD COAST HV	VY		Email		flowman.com.au
	SURFERS PARAD	ISE Post	code 4217	Licence No.	11278 7147	
Property Name				QBCC No.	7 147: e Exp Date 17-Ju	
Site Address	18 REMEMBERAN	ICE DR		Test Kit Serial N		
					st certified 06-Fe	
	SURFERS PARAD	ISE Post	code 4217			
Contact Email	PLUMBER LIAM \ liam.wall@plumb		0416 308 505	Water pres 450 K	Juic	Approx time of test 9 AM PM
Device Location	•	R POOL PUMP ROOM	M		<u>'</u>	
Make of Device	VALVCHEO	Size (mn	a) 20 Model I	No RP03	Serial No	10804904/16
Containment P		Zone Protection	_	dual Protection		ream Unknown
Hazard Level	High ✓				DOWNSE	
nazaru Lever	High 🖭	Medium		Low 🗆		Unknown U
✓ RPZ □ RPI	DA 🗆 DCV 🗆	DCDA SCV	SCDA	☐ PTVB	SRPVB	Isolation Valves Left In Open Position after Test
Main Valve	Check Valve No. 1	Check Valve No. 2	Differential Pressure	Check Valve	Air Inlet	Yes No □
Initial Test before	✓ Closed Tight	✓ Closed Tight	Opened at	\square Closed Tight	\square Opened at	
Maintenance	50 Kpa	¹⁵ Kpa	18 Kpa	Кра	Кра	Tightness of Isolation Valves
Reason for failure	☐ Leaked	Leaked	\square Not opened	Leaked	☐ Not opened	
Describe Repairs						Inlet Outlet Valve Valve
Test after Repair	☐ Closed Tight	☐ Closed Tight	\square Opened at	☐ Closed Tight	☐ Opened at	✓ Closed ✓
	Кра	Кра	Кра	Кра	Кра	Tight
By-Pass	Make	Ту	pe Size (mm) Mode	ı	☐ Closed ☐
Device	1st Check K	pa 2nd Check	Kpa Diff			
Registered A	ir Gap Inlet Pi	pe Diameter,	cing,	Air gap bridged	or bypassed	
☐ Registered B		mm	mm	Yes \square	No 🗆	
REMARKS: : PO	CS/2022/1055				PASS 🗹	FAIL

I have tested the above device/s in accordance with AS 2845 .3.2020 Appendix (E)

This form is to be used for the puposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR)

I hereby state that the information provided in this form is a true and accurate record.

Authorised Tester's signature