

## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50329

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 400 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

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 ☐ Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>		
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 55 Kpa	<input checked="" type="checkbox"/> Closed Tight 14 Kpa	<input checked="" type="checkbox"/> Opened at 19 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve Outlet Valve <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Tight	
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened		
Describe Repairs							
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa		
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed <input type="checkbox"/> Tight	

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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REMARKS: : PCS/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



Test Date 18-May-23

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50330

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 450 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**Device Location** GROUND LEVEL METER BOX

**Make of Device** VALVCHEQ **Size (mm)** 40 **Model No** RP03 **Serial No** 10804147/06  
 Containment Protection ☐ Zone Protection ☒ Individual Protection ☐ Downstream Unknown ☐  
**Hazard Level** High ☒ Medium ☐ Low ☐ Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 53 Kpa	<input checked="" type="checkbox"/> Closed Tight 12 Kpa	<input checked="" type="checkbox"/> Opened at 18 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve <input checked="" type="checkbox"/> Closed Tight Outlet Valve <input checked="" type="checkbox"/> Closed Tight
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed Tight

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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**REMARKS:** PCS/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**

**Test Date** 18-May-23

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50331

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 700 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**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 ☐  
**Hazard Level** High ☐ Medium ☐ Low ☒ Unknown ☐

<input type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input checked="" type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 14 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve <input checked="" type="checkbox"/> Closed Tight Outlet Valve <input checked="" type="checkbox"/> Closed Tight
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed Tight <input type="checkbox"/>

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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**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**

**Test Date** 18-May-23

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50332

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 400 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**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 ☐ Low ☐ Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 54 Kpa	<input checked="" type="checkbox"/> Closed Tight 16 Kpa	<input checked="" type="checkbox"/> Opened at 17 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve Outlet Valve <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Tight
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed <input type="checkbox"/> Tight

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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**REMARKS:** : PCS/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**

**Test Date** 18-May-23

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50334

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 450 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**Device Location** BASEMENT 1 NORTH EAST PERIMETER WALL**Make of Device** WILKINS**Size (mm)** 25**Model No** 375**Serial No** AJAH7348Containment Protection ☐Zone Protection ☒Individual Protection ☐Downstream Unknown ☐**Hazard Level** High ☒Medium ☐Low ☐Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 71 Kpa	<input checked="" type="checkbox"/> Closed Tight 15 Kpa	<input checked="" type="checkbox"/> Opened at 22 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve <input checked="" type="checkbox"/> Closed Tight Outlet Valve <input checked="" type="checkbox"/> Closed Tight
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed Tight

☐ Registered Air Gap☐ Registered Break Tank

Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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**REMARKS:** PCS/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)

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**Authorised Tester's signature**

**Test Date** 18-May-23

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50336

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 450 Kpa <b>Approx time of test</b> 8 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**Device Location** GROUND LEVEL WASTE ROOM

**Make of Device** VALVCHEQ **Size (mm)** 20 **Model No** RP03 **Serial No** 10798463/56  
 Containment Protection ☐ Zone Protection ☐ Individual Protection ☒ Downstream Unknown ☐  
**Hazard Level** High ☒ Medium ☐ Low ☐ Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 46 Kpa	<input checked="" type="checkbox"/> Closed Tight 15 Kpa	<input checked="" type="checkbox"/> Opened at 21 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve Outlet Valve <input checked="" type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed Tight <input type="checkbox"/>

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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**REMARKS:** PCS/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**

**Test Date** 18-May-23

Privacy Notice: The information on this form is collected as required under the 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 will be disclosed to the financial institution which handles the local government's financial transactions and may be disclosed to other local overnment agencies, local governmenty 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.

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## Form 9

# Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank

Within the Local Authority of Gold Coast City Council

REPORT NO. 50339

☐ Installation/Registration
 ☒ First Test
 ☐ Standard Test
 ☐ Removal
 ☐ Replace Existing Device

<b>Owner/Occupier</b> MORRIS PROPERTY GROUP <b>Postal Address</b> SUITE 101 2400 GOLD COAST HWY SURFERS PARADISE <b>Postcode</b> 4217		<b>Authorised Tester's Name</b> Gary Elwood <b>Phone</b> 0418 782 422 <b>Email</b> <a href="mailto:gary@backflowman.com.au">gary@backflowman.com.au</a> <b>Licence No.</b> 11278 <b>QBCC No.</b> 714753 <b>Backflow Licence Exp Date</b> 17-Jun-25 <b>Test Kit Serial No.</b> 07211561 <b>Date Test Kit last certified</b> 06-Feb-23	
<b>Property Name</b> <b>Site Address</b> 18 REMEMBRANCE DR SURFERS PARADISE <b>Postcode</b> 4217		<b>Water pressure</b> 450 Kpa <b>Approx time of test</b> 9 AM PM	
<b>Contact</b> PLUMBER LIAM WALL <b>Phone</b> 0416 308 505 <b>Email</b> liam.wall@plumbinglogix.com.au			

**Device Location** GROUND FLOOR POOL PUMP ROOM

**Make of Device** VALVCHEQ **Size (mm)** 20 **Model No** RP03 **Serial No** 10804904/16  
 Containment Protection ☐ Zone Protection ☒ Individual Protection ☐ Downstream Unknown ☐  
**Hazard Level** High ☒ Medium ☐ Low ☐ Unknown ☐

<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA <input type="checkbox"/> DCV <input type="checkbox"/> DCDA <input type="checkbox"/> SCV <input type="checkbox"/> SCDA				<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB		<b>Isolation Valves Left In Open Position after Test</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Main Valve</b>	<i>Check Valve No. 1</i>	<i>Check Valve No. 2</i>	<i>Differential Pressure</i>	<i>Check Valve</i>	<i>Air Inlet</i>	
Initial Test before Maintenance	<input checked="" type="checkbox"/> Closed Tight 50 Kpa	<input checked="" type="checkbox"/> Closed Tight 15 Kpa	<input checked="" type="checkbox"/> Opened at 18 Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<b>Tightness of Isolation Valves</b> Inlet Valve <input checked="" type="checkbox"/> Closed Tight Outlet Valve <input checked="" type="checkbox"/> Closed Tight
Reason for failure	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not opened	
Describe Repairs						
Test after Repair	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	<input type="checkbox"/> Closed Tight Kpa	<input type="checkbox"/> Opened at Kpa	
<b>By-Pass Device</b>	<b>Make</b> <b>Type</b> <b>Size (mm)</b> <b>Model</b> <b>1st Check</b> Kpa <b>2nd Check</b> Kpa <b>Diff</b> Kpa <b>Serial No</b>					<input type="checkbox"/> Closed Tight

<input type="checkbox"/> Registered Air Gap <input type="checkbox"/> Registered Break Tank	Inlet Pipe Diameter, D: mm	Air gap spacing, H: mm	Air gap bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>
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REMARKS: : PCS/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**

**Test Date** 18-May-23

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