# Potable Water: prescriptive pathway

### Credit 18B

### Design Review Submission As Built Submission

|  |  |  |  |
| --- | --- | --- | --- |
| Total Points available: | 5 | Points claimed: | [#] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Criteria | Description | Points Available | Points Claimed |
| **18B.1** | **Sanitary Fixture Efficiency** | All fixtures are water efficient.  Where no fixtures are installed, this criterion is made ‘Not Applicable’. | 1 | [#] |
| NA |  |
| **18B.2** | **Domestic Appliances Efficiency** | All domestic appliances are water efficient.  Where no appliances are installed, this criterion is made ‘Not Applicable’. | 1 | [#] |
| NA |  |
| **18B.3** | **Commercial or Industrial Appliances** | All water-using commercial appliances are water efficient.  Where no appliances are installed, this criterion is made ‘Not Applicable’. | 1 | [#] |
| NA |  |
| **18B.4** | **Shared Amenities** | The building:   * Has been awarded at least 3 points in the ‘Water’ category as determined through a certified Green Star rating; or * Has a NABERS Water rating of at least 3 stars; **OR**   Has shared amenities that comply with the requirements of Table 18B.2 in this credit. | 2 | [#] |

## 

## Project-specific technical questions (formerly tcs and cirs)

|  |  |
| --- | --- |
| There are no project-specific Technical Questions for this credit. |  |
| There are project-specific Technical Questions for this credit and all responses received from the NZGBC are attached. |  |

18B.1 Sanitary Fixture Efficiency

Please select one of the following options:

|  |  |
| --- | --- |
| The project is specifying the fixtures and fittings listed in the table below which will contribute to reductions in potable water demand. These fixtures and fittings are all rated within one star of the WELS rating stated in Table 18B.2. |  |
| No fixtures or fittings are being installed in the project and this criterion is ‘Not Applicable’. No further information is required. |  |

List of compliant fixtures and fittings being specified in the project:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Schedule Reference** | **WELS Rating** | **Flowrate**  **(L/min or L/flush)** | **Quantity of fixtures** | **Highest Available WELS Rating** |
| [Toilet A] |  |  |  |  | 5 |
| [Toilet B] |  |  |  |  | 5 |
| [Urinal A] |  |  |  |  | 6 |
| [Urinal B] |  |  |  |  | 6 |
| [Shower A] |  |  |  |  | 3 |
| [Shower B] |  |  |  |  | 3 |
| [Tap A] |  |  |  |  | 6 |
| [Tap B] |  |  |  |  | 6 |

Please note: project teams may add more rows as required or use an attachment to display this information.

Please describe fixtures and fittings that are excluded from the compliance and justify the reason.

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation** (Name / title / description of document) | **Reference** (Page no. or section) |
| [####] | [####] |
| [####] | [####] |

18B.2 Domestic Appliances

Please select one of the following options:

|  |  |
| --- | --- |
| The project is specifying the domestic appliances listed in the table below which will contribute to reductions in potable water demand. These fixtures and fittings are all rated within one star of the WELS rating stated in Table 18B.3. |  |
| No domestic appliances are being installed in the project and this criterion is ‘Not Applicable’. No further information is required. |  |

List of compliant domestic appliances being specified in the project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Schedule Reference** | **WELS**  **Rating or flow rate** | **Quantity of fixtures** | **Highest Available WELS Rating or flow rate** |
| [Dishwasher A] |  |  |  | 6 |
| [Dishwasher B] |  |  |  | 6 |
| [Washing machine A] |  |  |  | 5 |
| [Washing machine B] |  |  |  | 5 |

Please note: project teams may add more rows as required or use an attachment to display this information.

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation** (Name / title / description of document) | **Reference** (Page no. or section) |
| [####] | [####] |
| [####] | [####] |

18B.3 Commercial or Industrial Appliances

Please select one of the following options:

|  |  |
| --- | --- |
| The project is specifying the commercial or industrial appliances listed in the table below which will contribute to reductions in potable water demand. These fixtures and fittings are all rated within one star of the highest available WELS rating or are 20% more efficient than comparable equipment, or has a current Smart Approved Watermark. |  |
| No commercial or industrial appliances are being installed in the project and this criterion is ‘Not Applicable’. No further information is required. |  |

List of compliant commercial or industrial appliances being specified in the project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Schedule Reference** | **WELS**  **Rating, flow rate or Smart Approved Watermark** | **Quantity of fixtures** | **Highest Available WELS Rating or flow rate** |
| [Commercial dishwasher] |  |  |  |  |
| [Commercial washing machine] |  |  |  |  |
| [Other] |  |  |  |  |

Please note: project teams may add more rows as required or use an attachment to display this information.

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation** (Name / title / description of document) | **Reference** (Page no. or section) |
| [####] | [####] |
| [####] | [####] |

18B.4 Shared Amenities

Please select one of the following options and complete the relevant section that follows:

|  |  |
| --- | --- |
| The base building has been awarded at least three (3) points in the ‘Water’ category as determined through a certified Green Star rating. |  |
| The building has shared amenities that comply with the requirements of Table 18B.2 in this credit. |  |

The building has been awarded at least three (3) points in the ‘Water’ category as determined through a certified Green Star rating.

|  |  |
| --- | --- |
| **Supporting Documentation** (Name / title / description of document) | **Reference** (Page no. or section) |
| Results from the base building’s certified Green Star rating | [####] |

The building has shared amenities that comply with the requirements of Table 18B.2 in this credit. Provide a description of the amenities available to the fitout occupants:

Provide a list of the compliant amenities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Schedule Reference** | **WELS**  **Rating** | **Flowrate**  **(L/min or L/flush)** | **Quantity of fixtures** | **Highest Available WELS Rating** |
| [Toilet A] |  |  |  |  | 5 |
| [Toilet B] |  |  |  |  | 5 |
| [Urinal A] |  |  |  |  | 6 |
| [Urinal B] |  |  |  |  | 6 |
| [Shower A] |  |  |  |  | 3 |
| [Shower B] |  |  |  |  | 3 |
| [Tap A] |  |  |  |  | 6 |
| [Tap B] |  |  |  |  | 6 |

Please note: project teams may add more rows as required or use an attachment to display this information.

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation** (Name / title / description of document) | **Reference** (Page no. or section) |
| [####] | [####] |
| [####] | [####] |

## DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

## DECLARATION

I confirm that the information provided in this document is truthful and accurate at the time of completion.

Provide author details, including name, position and email address:

[Date]

––– **Report end** –––