



HALIFAX WATER

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APPLICATION FOR DOMESTIC SERVICE, METER AND BACKFLOW PREVENTION (BFP) DEVICE

Date: _____

Applicant/Name of Development: _____

Location/Address: _____

Owner's Name: _____

Owner's Address: _____

Postal Code: _____ Phone No: _____ Fax No. _____

Peak Domestic Flow: _____ usgpm Domestic Service Size: _____

Is Pressure Reducing Valve (PRV) Req: Yes _____ No _____ Meter Size: _____

BFP Device Size _____ Manufacturer: _____ Model: _____

*****BACKFLOW PREVENTION DEVICE IN ACCORDANCE WITH CANADIAN STANDARDS ASSOCIATION (CSA-B64)*****

Is By-Pass Required: YES _____ NO _____ By-Pass Size: _____

By-Pass BFP Device Size: _____ Manufacturer: _____ Model: _____

If Residential, No. of Units: _____

**If Commercial, Industrial or Institutional, describe use of building (i.e. restaurant, university, hospital, office complex, dry cleaners, temporary meter, etc.): _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT BY:

Name (Please Print) (P.Eng or Licensed Plumber) Phone No. _____

Signature Fax No. _____

- NOTE:**
- 1) Backflow Prevention Devices require testing upon installation and on an annual basis by a certified tester. A notice and inspection form will be sent to the owner 30 days prior to the anniversary date of the installation of the Backflow Prevention Device.
 - 2) A Reduced Pressure (RP) Principle Backflow Prevention Device can discharge a significant volume of water should the device fail during a backflow condition. Provision for discharge to a positive drainage system is recommended.
 - 3) Orientation of a Reduced Pressure (RP) Principle Backflow Prevention Device to **horizontal** unless otherwise approved by the Canadian Standards Association (CSA).
 - 4) A drawing showing location and orientation of the proposed Backflow Prevention Device is required as part of the approval form application.

COMMISSION APPROVAL: _____ Date: _____