HALIFAX WATER
450 Cowie Hill Road, PO Box 8388, RPO CSC
Halifax, NS B3K 5M1
(902) 490-6918/6914 Fax: (902) 490-1584
www.halifaxwater.ca

APPLICATION FOR SPRINKLER SERVICE AND PREMISE BACKFLOW PREVENTION (BFP) DEVICE

Date: _____

Applicant/Name of Development: _____

Location/Address: _____

Owner's Name: _____

Owner's Address: _____

Postal Code: _____ Telephone No. ( ) _____

Fire Flow Requirement: _____ usgpm. Booster Pump: Yes _____ No _____

Sprinkler Service Size: _____

BFP Device Size: _____ Manufacturer: _____ Model: _____

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

Type of Sprinkler System: Dry _____ Water Wet _____
Gas _____ Type of Gas _____
Chemical Wet _____ Type of Chemical _____

Anti-Freeze Loops on Sprinkler System: Yes _____ No _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT BY:

(Affix Seal of Professional Engineer in Accordance with Provincial Legislation)

_____
Professional Engineer (P.Eng) **(Please Print)**

_____
Signature

(_____)_____(_____)_____
Telephone **Fax**

NOTE: 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.

Where a Booster Pump is installed on a fire protection system, the Backflow Prevention Device must be installed on a the discharge side of the pump.

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.

Orientation of a Reduced Pressure Principle Backflow Prevention Device to be **horizontal** unless otherwise approved by the Canadian Standards Association (CSA).

A drawing showing the location and orientation of the proposed Backflow Prevention Device is required as part of the application.

COMMISSION APPROVAL: _____ **DATE:** _____