

# Water Supply (Water Fittings) Regulations 1999

## Application for an RPZ Valve (type BA device) to an existing device

Please complete ALL sections of this form. Failure to do so could delay your application.

### Application form

#### Section 1: Postal address/site where the device is to be installed:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Anglian Water account number/meter number: \_\_\_\_\_

#### Section 2: Please state the name and details of the person installing the device:

Plumber / Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Is Plumber/Contractor Approved? Yes / No Email: \_\_\_\_\_

If Yes Membership No: \_\_\_\_\_ Scheme: \_\_\_\_\_

#### Section 3: Please state the name of the person on site who will be responsible for organising the initial commissioning/testing of the device:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

#### Section 4: Please state the name of the person on site who will be responsible for organising the annual testing of the device (if different from 3 above):

Name: \_\_\_\_\_ Company: \_\_\_\_\_

#### Section 5: Please state the name and details of the person commissioning/testing the device:

Plumber / Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Is Plumber/Contractor Approved? Yes / No Email: \_\_\_\_\_

If Yes Membership No: \_\_\_\_\_ Scheme: \_\_\_\_\_

#### Section 6: If this application is being made in connection with a Water Regulations team inspection, please quote the Water Regulations reference number:

Reference number: \_\_\_\_\_

#### Section 7: Intended make/maker of the device to be used (if known):

Make/maker: \_\_\_\_\_

#### Section 8: Intended model number and size of the device to be used (if known):

Model number/size: \_\_\_\_\_

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### Section 9: Intended location (which part of the building) will the device be installed:

Location: \_\_\_\_\_

### Section 10: Please state the type and use of the plant/equipment which the proposed device is to supply:

Type: \_\_\_\_\_

Use: \_\_\_\_\_

### Section 11: Please state the names/concentrates and material safety data sheets of any chemicals or substances that are proposed to be used downstream of the device:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 12: Please confirm the method of water supply to the device:

Mains ☐

Storage ☐

Hot Water ☐

Cold Water ☐

### Section 13: Please provide a sketch below of the proposed installation showing both the proposed RPZ valve and the plant/equipment which the RPZ valve will supply:

### Section 14: Applicants details and date of application:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Applicants Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return completed form to:

Anglian Water Services Ltd,  
Water Regulations Team, Heigham WTW, Waterworks Road, Norwich, Norfolk, NR2 4DB  
Email: [WaterRegulations@anglianwater.co.uk](mailto:WaterRegulations@anglianwater.co.uk) Telephone: 01603 247663