

Application for the installation of an RPZ Valve (type BA device)

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

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

Address:

Postcode:

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

Name in CAPITALS:

Address:

Postcode:

Installers signature:

Telephone Number:

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 in CAPITALS:

Telephone Number:

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 in CAPITALS:

Telephone Number:

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

Name in CAPITALS:

Address:

Postcode:

Testers Accreditation Number:

Telephone Number:

Section 6 - If this application is being made in connection with a water regulations team inspection you must quote the water regulations reference number:

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

Section 8 - Model number and size (if known):

Model Number:	Size:
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Section 9 - Intended location (which part of the building) will the device be installed?:

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

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

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

(Tick as appropriate)

Mains

Storage

Hot Water

Cold Water

Section 13 - Schematic diagram:

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 _____

Address: _____

Postcode: _____

Telephone: _____

Date:

						2	0		

Applicants signature: _____

Anglian Water use only:

Date received: _____

Date:

						2	0		

Application approved by: _____

Date:

						2	0		

Application withheld by: _____

Date:

						2	0		

Comments and conditions required by Anglian Water Services Limited:

Please return completed application form to:

RPZ Administrator, Water Regulations Team, Anglian Water Services Ltd, PO Box 495, Huntingdon, Cambs PE29 6YY

Should you have any questions or queries regarding this form or RPZ valves, please call 01480 326917 or email: reg5@anglianwater.co.uk