

APPLICATION FOR CONSENT TO INSTALL AN RPZ VALVE (Type BA Device)

Customer/Company Name:

If this application is being made in connection with a letter we have sent you following an inspection, could you please quote the reference number on top of the letter:

Address:

:

Post Code:

Telephone No:

Fax No:

E-mail:

Intended make of RPZ valve to be used (if known):

Model Number (if known):

Size:

Intended location (which part of the building):

Date of application:

Please state the name of the person on site who will be responsible for organising the commissioning and annual testing of the RPZ valve:

Telephone No:

E-mail:

Please state the type and use of the plant/equipment which the proposed RPZ valve is to supply:

Name/Company name seeking consent (if different from above):

Please supply the names/concentrations and material safety data sheets of any chemicals and substances that are proposed to be used downstream of the RPZ valve:

Address (if different from above):

Post Code:

Telephone No:

Fax No:

E-mail:

Please confirm the method of water supply to the valve:

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.



NWL's use Only

Date received:

Consent granted by and date:

Consent withheld by and date:

Comments and conditions required by Water Supplier: