



TOWN OF TRENTON WATER WORKS

Application for Backflow Prevention Device

P.O. Box 328, 120 Main Street, Trenton, NS B0K 1X0 • Phone: 902-752-1450 • Fax: 902-752-0090 • www.trenton.ca

Date: _____

Applicant/Name of Development: _____

Location Address: _____

Owner's Name: _____

Owner's Address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Email Address: _____

Peak Domestic Flow: _____ (usgpm) Domestic Service Size: _____

Is Pressure Reducing Valve (PRV) Required? Yes _____ No _____

Meter Size: _____

BFP Device Size: _____

Manufacturer: _____

Model: _____ Type: _____ DCVA _____ RP _____

A drawing showing location and orientation of the proposed backflow prevention device included? Yes _____ No _____

*****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, # of Units: _____

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

Please indicate your preferred method of response: Email _____ Phone _____ Mail _____ Fax _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT BY:

Name (Please Print) (P. Eng or Licensed Plumber)

Signature

Phone #:

Fax #:

Email:

NOTE:

- Backflow Prevention Devices require testing upon installation and on an annual basis by a certified BFP tester. A notice will be sent to the owner 30 days prior to the anniversary date of the initial test of the Backflow Prevention Device.
- 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 (RP) Principle Backflow Prevention Device to horizontal unless otherwise approved by the Canadian standards Association (CSA).
- A drawing showing location and orientation of the proposed Backflow Prevention device is required as part of the review form application.**
- The above information only pertains to Backflow Prevention devices.

For Office Use Only

Town of Trenton Representative: _____

Specification Check: _____ Date: _____

Installation Check: _____ Date: _____