



APPLICATION FOR BACKFLOW PREVENTION DEVICE (SPRINKLER) - New Construction

Box 230, Suite 170, 15 Commerce Court, Elmsdale, NS B2S 3K5 Phone: (902) 883-2299 Fax: 1-888-684-5912 Toll Free: 1-866-758-2299 www.easthants.ca

Date: _____
 Applicant/Name of Development: _____
 Location Address: _____
 Owner's Name: _____
 Owner's Address: _____
 Postal Code: _____ Phone #: _____ Fax #: _____
 Email Address: _____

Fire Flow Requirement: _____ (usgpm) Sprinkler Service Size: _____
 Booster Pump: Yes: No:
 BFP Device Size: _____
 Manufacturer: _____
 Model: _____ Type: DCVA RP

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: _____

A drawing showing location and orientation of the proposed backflow device included?: Yes: _____ No: _____
 Please indicate your preferred method of response: Email/Phone/Mail/Fax

NOTE:

1. 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.
2. Where a Booster Pump is installed on a fire protection system, the Backflow Prevention Device must be installed on the discharge side of the pump.
3. 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.
4. Orientation of a Reduced Pressure (RP) Principle Backflow Prevention Device to horizontal unless otherwise approved by the Canadian standards Association (CSA).
5. A drawing showing location and orientation of the proposed Backflow Prevention device is required as part of the review form application.
6. The above information only pertains to Backflow Prevention devices.

THE ABOVE INFORMATION IS CERTIFIED CORRECT BY:

Name (Please Print) _____ (P. Eng or Licensed Plumber) _____
 Signature _____
 Phone #: _____
 Fax #: _____
 Email: _____

For Office Use Only

Municipality of East Hants Representative - _____

Specification Check: _____ Date: _____
 Installation Check: _____ Date: _____

Applications can be emailed to water@easthants.ca or delivered to the above address c/o The Cross Connection Control (CCC) Program