



# APPLICATION FOR BACKFLOW PREVENTION DEVICE - 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: \_\_\_\_\_  
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) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Signature \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**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. 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.
3. Orientation of a Reduced Pressure (RP) Principle Backflow Prevention Device to horizontal unless otherwise approved by the Canadian standards Association (CSA).
4. **A drawing showing location and orientation of the proposed Backflow Prevention device is required as part of the review form application.**
5. The above information only pertains to Backflow Prevention devices.

For Office Use Only

Municipality of East Hants Representative -

Specification Check: \_\_\_\_\_ Date: \_\_\_\_\_  
Installation Check: \_\_\_\_\_ Date: \_\_\_\_\_

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