Backflow prevention device removal form

Date: _____

Facility address, including unit number: _____

A. Facility information

Facility ID: _____

Occupant: _____

Telephone: _____

Email: _____

B. Owner Information

Corporation or partnership (if applicable): _____

Last Name: _____ First Name: _____

Mailing Address: _____

Postal Code: _____ Municipality: _____

Email: _____ Telephone: _____

C. Qualified person information

Name of qualified person: _____

Business name: _____

Business address: _____

Postal Code: _____ Municipality: _____

Email: _____ Telephone: _____

D. Device information

Device location: _____

Purpose of device: _____

☐ Reduced pressure principle backflow preventer (RP)

☐ Double check valve backflow preventer (DCVA)

☐ Pressure vacuum breaker (PVB)

☐ Spill-resistant pressure vacuum breaker (SRPVB)

Make: _____

Model: _____

Serial number: _____

Size: _____

Reason device is no longer required. Provide details if hazard is removed, line capped, etc.

Description: _____

_____

E. Disclosure

Full disclosure is required. This form is intended to assist the Qualified Person in carrying out an amendment to the current cross connection control survey. It is the responsibility of the owner or building occupier to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections and recommendation of corrective actions. Cross connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the building Code and Backflow Prevention By-law.

Date: _____

Owner/Occupant name – printed: _____

Owner/Occupant signature: _____

Qualified Person name – printed: _____

Qualified Person signature: _____

Collection of Personal Information

Personal information is being collected and will be used for the purposes of collecting data for backflow prevention device installation, removal, statistics and to connect with the property owner regarding the form.

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.

Accessible formats of this document are available as per the Accessibility for Ontarians with Disabilities Act by contacting Building Services at 519-837-5615 or email building@guelph.ca. TTY 519-826-9771.