

RPZ Valve: Application to Remove

<p>Please note: It is a requirement of the Approved Installation Method (AIM) that prior notice shall be given, and consent sought for the installation, relocation, alteration, extension, change of use or removal of all RPZ Valves. Removal without prior approval could result in enforcement action. Failure to provide the required details may delay the decision. Please send completed application to RPZ@yorkshirewater.co.uk</p>			
Person Seeking Consent: Email:		Date of Application:	Site Ref/REG No:
Company Name and Address (where RPZ is to be removed): Post Code: Telephone No: Email:		Reason for Removal: <input type="checkbox"/> No Longer Required <input type="checkbox"/> Alternative Backflow Protection Method <input type="checkbox"/> Appliance Removed/Replaced <input type="checkbox"/> Other (Use Additional Information)	
Location of RPZ Valve on site:		RPZ Valve Details <ul style="list-style-type: none"> • Date of Last Test: • Manufacturer: • Model: • Serial No: • Size: 	
Alternative Type of Backflow Protection Provided: <input type="checkbox"/> AA air gap <input type="checkbox"/> AB air gap <input type="checkbox"/> AF air gap <input type="checkbox"/> Other (please specify). <input type="checkbox"/> None Other:			
Appliance/Plant/Equipment to replace RPZ Valve: Type: Manufacturer:		Model:	Schematic/Diagram Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Information:			
Please Provide a Sketch/Photos Showing the Operational Changes, Following Removal:			
WATER UNDERTAKER USE ONLY			
Date Received:	Removal Declined: <input type="checkbox"/> YES <input type="checkbox"/> NO	Site Visit Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Removal Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO