## Application to Remove an RPZ Valve:

<u>Please note:</u> It is a requirement of the <u>Approved Installation Method (AIM)</u> that prior notice shall be given, and consent sought for the installation, relocation, alteration, extension, change of use or removal of all RPZ Valves. <b>Removal without</b> prior approval could result in enforcement action. Failure to provide the required details may delay the decision. Please			
send completed application to	waterregs@nwl.co.uk		
Person Seeking Consent:		Date of Application:	Site Ref:
Email:			
Company Name and Address Post Code: Telephone No: Email:	(where RPZ is to be removed):	Reason for Removal:   Image: No Longer Require   Image: Alternative Backf   Image: Appliance Remove   Image: Other (Additional	low Protection Method red/Replaced
Location of RPZ Valve on site:		RPZ Valve Details	
		• Date of Last Test:	
Alternative Type of Backflow	Protection Provided:	Manufacturer:	
	air gap 🛛 AF air gap	Serial No:	
	specify). 🗌 None	• Size:	
Other:		• Size.	
Appliance/Plant/Equipment to	o replace RPZ Valve:		Schematic/Diagram Attached:
Туре:			□ YES □ NO
Manufacturer:	Model:		
Please provide a sketch sho		ges, following removal:	
Date Received:	Removal Declined: Site Visit Required: Removal Approved:		