



# BACKFLOW PREVENTER REPLACEMENT FORM

THIS FORM MUST BE SUBMITTED TO THE CITY WITHIN **14 DAYS** FROM IMPLEMENTING CORRECTIVE ACTIONS

PLEASE NOTE: BUILDING PERMIT REQUIRED PRIOR TO COMMENCING ANY WORK

<b>SECTION A - PROPERTY INFORMATION</b>				
Building/Facility Address				Unit #
Property Owner Name				
Contact Person Name			Telephone	
Date of initial cross-connection survey conducted at this facility (mm/dd/yyyy) _____				
<b>SECTION B - QUALIFIED PERSON INFORMATION</b>				
Name			CCC Certification #	
Qualified Company				
<b>SECTION C - EXISTING REGISTERED DEVICE INFORMATION</b>				
Reason for device removal	Emergency Replacement	Property Hazard Level Change	New Service Connection	Other: _____
Type of Existing Device	<input type="checkbox"/> RP <input type="checkbox"/> DuC	<input type="checkbox"/> RPDA <input type="checkbox"/> PVB/SRPVB	<input type="checkbox"/> DCVA <input type="checkbox"/> Other:	<input type="checkbox"/> DCDA
Old Manufacturer		Old Model		
Old Serial #	Size _____ mm / inch	Date Removed (mm/dd/yyyy) _____		
Device Location				
Device Installed On <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Combined <input type="checkbox"/> Parallel <input type="checkbox"/> Area/Zone <input type="checkbox"/> Bypass <input type="checkbox"/> Detector				
<b>SECTION D - REPLACEMENT DEVICE INFORMATION</b>				
NOTE: A completed City of Vaughan Backflow Testing and Inspection Report must be submitted with this form				
Type of Device <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> Other: _____				
New Manufacturer		New Model		
New Serial Number		Size _____ mm / inch		
New Device Location:				
Device Installed On <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Combined <input type="checkbox"/> Parallel <input type="checkbox"/> Area/Zone <input type="checkbox"/> Bypass <input type="checkbox"/> Detector				
Building Permit #				
Property Owner Name		SIGNATURE		Date (mm/dd/yyyy)
Qualified Person Name		SIGNATURE		Date (mm/dd/yyyy)
The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Vaughan By-law as amended and may be used for the enforcement and administration of the By-law and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and Qualified Person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Environmental Services for the City of Vaughan.				