

NOTIFICATION OF RPZ INSTALLATION FORM

Before completing this form, please read the associated DCWW website information and links provided.

Company name and address seeking approval

Person's name:

Email address:

Company name:

Address:

Postcode:

Date of application:

Name of DCWW customer (if different):

Address of intended location valve (if different), postcode, email address etc.:

Postcode:

Nature of business at site address:

Proposed start date for installation:

Installation address

Contact name:

Email address:

Address:

Postcode:

Telephone numbers:

Fax numbers:

Specific site location / intended location for valve

Installation details

Name of person on site responsible for testing:

Intended location of valve on site:

Nature of process requiring protection / site processes / plant or equipment being protected:

Temporary arrangement: ☐ Permanent arrangement: ☐

Whole site protection: ☐ Zonal protection: ☐ Point of use protection: ☐

Valve details

Make of valve:

Model of valve:

Size:

Serial number:

Proposed installer

Contact name:

Email address:

Company name:

Address:

Postcode:

Telephone numbers:

Fax numbers:

Accredited test registration number:

DWR CYMRU WELSH WATER USE ONLY

Approval No. (SAP No.)

Installation:

Valve Reference No.

Approved: ☐

Rejected: ☐

Authorised By

Name:

Signature:

Date:

Other guidance for the Notification of RPZ Installation form:

- All RPZ valves must be tested annually, and will be recorded on DCWW's records
- More guidance can be found on WRAS' website at the following link https://www.wras.co.uk/plumbing_professionals/rpz_testers/
- For further information please refer to the **DCWW website, water regulations section**
- Failure to provide the **REQUESTED INFORMATION** can result in delays in processing the application

Return your completed form to:

Email: WaterRegulations@dwrcymru.com

or post it to:

Water Regulations, Dŵr Cymru Welsh Water, Pentwyn Road, Nelson CF46 6LY