

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

OWNER INFORMATION

OWNER'S NAME AND MAILING ADDRESS

OFFICE PHONE

--

MOBILE PHONE

--

EMAIL ADDRESS

--

FACILITY INFORMATION

FACILITY NAME AND ADDRESS

CONTACT PERSON / TITLE

--

OFFICE PHONE

--

MOBILE PHONE

--

EMAIL ADDRESS

--

NEW FACILITY:

☐

EXISTING FACILITY:

☐

FACILITY REHABILITATION:

☐

PLEASE PROVIDE A GENERAL DESCRIPTION OF THE TYPE OF BUSINESS OR ACTIVITIES CONDUCTED AT THE FACILITY:

DEVICE DATA

MANUFACTURER/MAKE

--

MODEL NO

--

SIZE

--

SERIAL NO

--

BACKFLOW TYPE

RPBP: ☐ PVB: ☐

DCVA: ☐ SRPVB: ☐

HOT OR COLD-WATER UNIT: _____

BACKFLOW MATERIAL

BRONZE: ☐

IRON: ☐

STAINLESS STEEL: ☐

SHUT OFF VALVE TYPE

BALL: ☐ NRS: ☐

OS&Y: ☐ BUTTERFLY: ☐

OTHER: _____
IF OTHER SPECIFY ABOVE

BY-PASS ARRANGEMENT:

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

UL OR FM APPROVAL:

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

HOW MANY OTHER RPBP OR DCVA DEVICES ARE LOCATED AT THIS FACILITY?

SERVICE TYPE

DOMESTIC: ☐

FIRE SPRINKLER: ☐

IRRIGATION: ☐

ALIGNMENT

VERTICAL: ☐

HORIZONTAL: ☐

WHAT IS THE EXACT LOCATION OF THE DEVICE WITHIN THE PREMISES?

FROM WHAT TYPE OF CONTAMINATION IS THE WATER SUPPLY PROTECTED?

ESTIMATED DATE OF COMPLETION:

THIS FORM HAS BEEN SUBMITTED BY:

COMPANY NAME:

CONTACT PERSON / TITLE:

COMPANY MAILING ADDRESS:

CONTACT PHONE

EMAIL ADDRESS

PIPING SCHEMATICS REQUIRED:

A FULLY LABELED DETAILED SCHEMATIC OF THE POTABLE AND NON-POTABLE WATER PIPING IMMEDIATELY SURROUNDING THE BACKFLOW PREVENTION DEVICE INSTALLATION SHOWING THE FOLLOWING:

- A. HEIGHT ABOVE THE FINISHED FLOOR
- B. DISTANCE FROM WALLS
- C. TYPE OF EQUIPMENT OR SYSTEM(S) DOWNSTREAM OF (AFTER) THE BACKFLOW PREVENTION DEVICE (CHEMICAL TREATMENT, OPERATING PRESSURE, ETC)
- D. MANUFACTURER/MAKE, MODEL, SIZE AND ALIGNMENT OF THE BACKFLOW PREVENTION DEVICE
- E. LOCATION OF UPSTREAM AND DOWNSTREAM SHUT-OFF VALVES
- F. ANY ADDITIONAL INFORMATION PARTICULAR TO THE BACKFLOW PREVENTION DEVICE INSTALLATION THAT SHOULD BE REVIEWED

PIPING SCHEMATIC MUST BE AT LEAST 8 ½" X 11" AND INCLUDE A COMPLETE TITLE BLOCK:

1. NAME OF FACILITY
2. ADDRESS OF FACILITY
3. DATE
4. PREPARER'S NAME
5. SCALE

PRINT OR TYPE PLUMBER'S SIGNATURE OR SPRINKLER FITTER'S NAME: _____

PLUMBER OR SPRINKLER FITTER'S LICENSE NUMBER: _____

PLUMBER OR SPRINKLER FITTER'S SIGNATURE: _____

OWNER OR OWNER'S AUTHORIZED AGENT SIGNATURE: _____

FOR SWD USE ONLY

SWD REVIEWERS SIGNATURE: _____

DATE: _____

SUBMIT TO:

SUDBURY WATER DISTRICT
P.O. BOX 111
SUDBURY, MA 01776

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