



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:	<input type="checkbox"/>	PLEASE PROVIDE A GENERAL DESCRIPTION OF THE TYPE OF BUSINESS OR ACTIVITIES CONDUCTED AT THE FACILITY:
EXISTING FACILITY:	<input type="checkbox"/>	
FACILITY REHABILITATION:	<input type="checkbox"/>	

DEVICE DATA

MANUFACTURER/MAKE	MODEL NO	SIZE

BACKFLOW TYPE
RBPB: <input type="checkbox"/> PVB: <input type="checkbox"/> DCVA: <input type="checkbox"/> SRPVB: <input type="checkbox"/> HOT OR COLD-WATER UNIT: _____

BACKFLOW MATERIAL
BRONZE: <input type="checkbox"/> IRON: <input type="checkbox"/> STAINLESS STEEL: <input type="checkbox"/>

SHUT OFF VALVE TYPE
BALL: <input type="checkbox"/> NRS: <input type="checkbox"/> OS&Y: <input type="checkbox"/> BUTTERFLY: <input type="checkbox"/> OTHER: _____ <small>IF OTHER SPECIFY ABOVE</small>
BY-PASS ARRANGEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
UL OR FM APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MANY OTHER RBPB OR DCVA DEVICES ARE LOCATED AT THIS FACILITY? _____

SERVICE TYPE
DOMESTIC: <input type="checkbox"/> FIRE SPRINKLER: <input type="checkbox"/> IRRIGATION: <input type="checkbox"/>

ALIGNMENT
VERTICAL: <input type="checkbox"/> HORIZONTAL: <input type="checkbox"/>

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 1/2" 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:
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