



## BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET OWNER INFORMATION

### FACILITY ADDRESS

STREET NO      LOT/UNIT NO      STREET NAME

### OWNER INFORMATION

NAME      CONTACT PERSON/TITLE

STREET ADDRESS      OFFICE PHONE      MOBILE PHONE

CITY      STATE      ZIP CODE      EMAIL ADDRESS

#### TYPE

- NEW FACILITY
- EXISTING FACILITY
- FACILITY REHABILITATION

#### PROVIDE A GENERAL DESCRIPTION OF THE ACTIVITIES CONDUCTED AT THIS FACILITY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DEVICE DATA

MANUFACTURER MAKE	MODEL NO	SIZE

#### DEVICE TYPE

- RPBP - REDUCED PRESSURE BACKFLOW PREVENTOR
- DCVA - DOUBLE CHECK VALVE ASSEMBLY

#### HOT OR COLD WATER UNIT

- HOT     COLD

#### SERVICE TYPE

- DOMESTIC     FIRE SPRINKLER     IRRIGATION

#### MATERIAL

- BRONZE     IRON     STAINLESS STEEL

#### ALIGNMENT

- VERTICAL
- HORIZONTAL

#### SHUT OFF VALVE TYPE

- BALL     OS & Y     BUTTERFLY
- OTHER \_\_\_\_\_

IF OTHER SPECIFY ABOVE

#### BYPASS ARRANGEMENT

- YES     NO

#### UL OR FM APPROVAL

- YES     NO

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

**WHAT IS THE EXACT LOCATION OF THE DEVICE WITHIN THE FACILITY?**

\_\_\_\_\_

\_\_\_\_\_

**FROM WHAT TYPE OF CONTAMINATION IS THE WATER SUPPLY PROTECTED?**

\_\_\_\_\_

\_\_\_\_\_

**ANTICIPATED INSTALLATION DATE:** \_\_\_\_\_

**THIS FORM HAS BEEN SUBMITTED BY**

_____ COMPANY NAME			_____ CONTACT PERSON/TITLE	
_____ MAILING ADDRESS			_____ OFFICE PHONE	_____ MOBILE PHONE
_____ CITY	_____ STATE	_____ ZIP CODE	_____ EMAIL ADDRESS	

**MA LICENSED PLUMBER OR SPRINKLER FITTER INFORMATION**

_____ COMPANY NAME			_____ LICENSE HOLDER NAME	
_____ MAILING ADDRESS			_____ OFFICE PHONE	_____ MOBILE PHONE
_____ CITY	_____ STATE	_____ ZIP CODE	_____ EMAIL ADDRESS	

\_\_\_\_\_  
MA LICENSE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SUBMIT THIS FORM TOGETHER WITH:**

- **GENERAL WATER PERMIT APPLICATION**
- **APPLICATION FEE**
- **PIPING SCHEMATIC**

**REQUIRED ACCESS/POSITION OF THE BACKFLOW PREVENTION DEVICE**

The backflow preventer and shut-off valves must be installed in a horizontal alignment between three and four feet from the floor to the bottom of the device and a minimum of 12 inches from any wall. Vertical installation of devices shall be determined by Sudbury Water District’s Cross Control Program Coordinator.

The backflow preventer shall be located so as to permit easy access and provide adequate and convenient space for maintenance, inspection, and testing. The owner of the device shall be able to shut down water lines after reasonable notice during normal business hours to permit necessary testing and maintenance of the device, provided that if it is not possible to meet this requirement a by-pass line equipped with a District approved backflow preventer shall be installed.

**PIPING SCHEMATICS**

FULL SCALE DETAILED PIPING SCHEMATIC OF THE POTABLE AND NON-POTABLE WATER PIPING IMMEDIATELY SURROUNDING THE BACKFLOW PREVENTION DEVICE MUST INCLUDE THE FOLLOWING:

- COMPLETE TITLE BLOCK
- NAME AND ADDRESS OF THE FACILITY
- PREPARERS NAME, COMPANY NAME AND ADDRESS
- HEIGHT ABOVE THE FINISHED FLOOR
- DISTANCE FROM WALLS
- DEVICE ALIGNMENT
- TYPE OF EQUIPMENT OR SYSTEM(S) DOWNSTREAM OF (AFTER) THE DEVICE (CHEMICAL TREATMENT, OPERATING PRESSURE, ETC.)
- MANUFACTURER MAKE I MODEL I SIZE
- LOCATION OF UPSTREAM AND DOWNSTREAM SHUT-OFF VALVES