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BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

COMPLETE AND SUBMIT THIS FORM FOR EACH BACKFLOW PREVENTION DEVICE. DO NOT LEAVE ANY FIELD BLANK

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

PROVIDE A GENERAL DESCRIPTION OF THE ACTIVITIES CONDUCTED AT THIS FACILITY

- ☐ NEW FACILITY
- ☐ EXISTING FACILITY
- ☐ FACILITY REHABILITATION

DEVICE DATA

MANUFACTURER MAKE

MODEL NO

SIZE

DEVICE TYPE

HOT OR COLD-WATER UNIT

- ☐ RBPB - REDUCED PRESSURE BACKFLOW PREVENTER
- ☐ DCVA - DOUBLE CHECK VALVE ASSEMBLY
- ☐ PVB - PRESSURE VACUUM BREAKER

☐ HOT ☐ COLD

SERVICE TYPE

MATERIAL

☐ DOMESTIC ☐ FIRE SPRINKLER ☐ IRRIGATION

☐ BRONZE ☐ IRON ☐ STAINLESS STEEL

ALIGNMENT

SHUT OFF VALVE TYPE

BYPASS ARRANGEMENT

UL OR FM APPROVAL

☐ VERTICAL

☐ HORIZONTAL

☐ BALL ☐ OS & Y ☐ BUTTERFLY

☐ OTHER _____

☐ YES ☐ NO

☐ YES ☐ NO

IF OTHER SPECIFY ABOVE

HOW MANY OTHER RBPB 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: _____

A bypass arrangement (or bypass line) is a secondary, smaller pipe looping *around* the main backflow preventer, allowing for continuous water service when the main unit needs testing, maintenance, or repair, preventing service interruption to the building.

UL (Underwriters Laboratories) or FM Approval (Factory Mutual): Backflow preventer is independently tested and certified for safety and reliability, typically for fire protection. A UL or FM mark/stamp is located on the device body or identification plate.

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 AND PAYMENT IN FULL (COMPLETED AND DULY APPROVED)
- PIPING SCHEMATIC (FULLY LABELED/DETAILED)
- MANUFACTURER'S PRODUCT SPECIFICATION SHEET

A Backflow Prevention Device associated with an existing project, for which a General Water Permit application and fee have been duly submitted and accepted, shall be exempt from a separate filing, provided that the device is explicitly identified on the original permit application and complies fully with the Sudbury Water District rules and regulations and cross-connection control requirements.

REQUIRED ACCESS AND POSITION OF THE BACKFLOW PREVENTION DEVICE

1. The backflow preventer and shut-off valves must be installed horizontally, with the bottom of the device 3–4 feet above the floor and at least 12 inches away from any wall.
2. Vertical installation may only be used if approved by the Sudbury Water District's Cross Connection Control Program Coordinator.
3. The device must be located to allow easy access and sufficient space for maintenance, inspection, and testing.
4. The device owner must allow water line shutdowns, after reasonable notice during normal business hours, to permit testing and maintenance. If such access is not feasible, a bypass line with a District-approved backflow preventer must be installed.

PIPING SCHEMATIC

A fully labeled detailed schematic of the potable and non-potable water piping immediately surrounding the backflow prevention device must include at minimum:

- | | |
|--|--|
| A. COMPLETE TITLE BLOCK | E. DEVICE ALIGNMENT |
| I. FACILITY NAME AND STREET ADDRESS | F. LOCATION OF UPSTREAM AND DOWNSTREAM SHUT-OFF VALVES |
| II. PREPARERS NAME, COMPANY NAME AND ADDRESS | G. TYPE OF EQUIPMENT OR SYSTEM(S) DOWNSTREAM (AFTER) THE BACKFLOW PREVENTION DEVICE (CHEMICAL TREATMENT, OPERATING PRESSURE, ETC.) |
| B. MANUFACTURER NAME MAKE MODEL SIZE | |
| C. HEIGHT ABOVE FINISHED FLOOR | |
| D. DISTANCE FROM WALLS | |

DO NOT WRITE BELOW THIS LINE – FOR DISTRICT USE ONLY

The following documents have been received in compliance with Sudbury Water District Cross Connection Control Program Regulations:

Submittals Received:

- ☐ **BPDDDS**
- ☐ **Piping Schematic (Fully Labeled/Detailed)**
- ☐ **Manufacturer's Product Specification Sheet**

Application is:

- ☐ **Approved**
- ☐ **Denied**

Comments if Denied:

Nigel Dwarkia
Cross Connection Control Program Coordinator
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e: ndwarkia@sudburywater.com

DATE