

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

I. Owner's Name _____

Address _____

II. FACILITY

A. Name _____

B. Address _____

C. Contact Person/Agent _____

D. Telephone Number of Facility Contact Person _____

E. New or Existing Facility? _____

F. General description of the type of business or activities carried out at this facility: _____

III. DEVICE DATA

A. Manufacturer _____ Model No. _____

B. RPBP _____ DCVA _____

C. Size _____

D. Hot or Cold Water Unit _____

E. Location of Device _____

F. Bypass Arrangement (Y/N)? _____

G. From what type of containment is the water supply protected?

H. How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valve Assemblies (DCVA) are located in this building? _____

I. Type of Gate valve _____
Gate valves for fire systems must be UL or FM approved.

Please Use One Form For Each Device

IV. DEVICE MAINTENANCE AND TESTING SCHEDULES

Describe the maintenance and testing schedule of the above device(s) (please refer to 310 CMR 22.22)

V. CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS

A. Plumbing Plan:

1. Complete title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing system (at least 9 X 11”), using accepted symbols and nomenclature, detailing:
 - a. Clearances in device installations
 - b. Location of upstream and downstream shutoff valves
 - c. Make, model, size and alignment of device
 - d. Location of potable water lines
 - e. System, source, or equipment fed downstream of devices, complete with information on the secondary system (operating pressure, chemical treatment, etc.).

When installations of devices involve large or complex plumbing systems, formal prints must be submitted with Professional Engineers stamp, subject to the discretion of the reviewing authority.

Submitted by: _____

Company: _____

Date: _____

Telephone: _____

Fax No: _____

Owner/Agent Signature: _____ Date: _____