

**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)

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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: \_\_\_\_\_