



TOWN OF FAIRHAVEN WATER DEPARTMENT

5 ARSENE STREET

FAIRHAVEN, MA 02719

Phone: (508) 979-4032 Fax: (508) 979-4086

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

Please use one form for each device

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. Manufacture _____ **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 contamination 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 _____

note: (Gate Valves for fire systems must be UL- or FM- approved.)

IV. Device Maintenance and Testing Schedules

Describe the maintenance and testing schedule of the above device(s)

(Please refer to 310 CMR 22.22).

As Per Local and State Requirements

V. Cross Connection Plan Submittal Requirements

A. Plumbing Plan:

- 1. Completed title Block (name of facility, address, date, preparer, scale, etc.)**
- 2. Schematic or blueprint of plumbing system (at least 8 ½" 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 device, 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 a Professional Engineers stamp, subject to the discretion of the reviewing authority.

Submitted By: _____ **Company:** _____

Date: _____ **Telephone:** _____

Owner/Agent Signature: _____ **Date:** _____