



Gerald S. Mee Jr.  
Superintendent

# TOWN OF WATERTOWN

DEPARTMENT OF PUBLIC WORKS  
124 ORCHARD STREET  
WATERTOWN MA 02472

(P) 617-972-6420

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## BACKFLOW DEVICE DESIGN DATA AND PLUMBING PLAN

### MUST BE SUBMITTED AND APPROVED PRIOR TO INSTALLATION

#### A. PROPERTY OWNER INFORMATION

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Owner Name

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Street Address

---

City

State

Zip Code

#### B. FACILITY INFORMATION

Is this Facility

New or

Existing

(circle one)

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Facility Name

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Street / PO Box

---

City

State

Zip Code

---

Contact Person

Telephone Number

Describe the type of business or activities carried out at this facility:

**C. DEVICE DATA**

Exact Device Location \_\_\_\_\_

Make	Model	Size	Hot or Cold Water Unit
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Type of Gate Valve (Must be UL or FM approved for fire systems)

RPBP      DCVA      PVB (circle one)      Bypass Arrangement      Yes       No

From what type of contamination is the water supply protected?

How many other RPBP or DCVA are located in this building?

**D. DEVICE MAINTENANCE and TESTING SCHEDULES**

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

**E. CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS**

**A. PLUMBING PLAN**

1. Completed title block (name of facility, address, date, preparer, etc.)
2. Schematic or blueprint of plumbing system (at least 8 ½ x 11)  
Using accepted symbols and nomenclature, detailing
  - Location of upstream and downstream shutoff valves
  - Make, model, size, and alignment of device
  - Location of potable water lines  
System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc)
  - All RPBP, DCVA, & PVB's must be installed in a horizontal configuration.  
RPBP's and PVB's must be installed between 36" and 48" above finished floor. DCVA's must be installed between 30" and 55" above finished floor.

*This Design Data Sheet is only for the approval of a backflow installation. All other permits must be acquired from the respective city/town offices.*

Submitted By : \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*For City /Town Use --- Do no write in this section*

APPLICATION APPROVED BY:

\_\_\_\_\_ DATE: \_\_\_\_\_