



Whitinsville
Water
Company

WHITINSVILLE WATER COMPANY BACKFLOW PREVENTER DEVICE DESIGN DATA SHEET

1. **OWNER'S NAME:** _____
ADDRESS: _____
PHONE NO: _____

2. **FACILITY:**
 - A) Name: _____
 - B) Address: _____
 - C) Account No.: _____ Meter No.: _____
 - D) Contact Person/Agent: _____
 - E) Telephone # (Facility or Contact): _____
 - F) New Facility: _____ Existing Facility: _____ Property Rehabilitation: _____
 - F) General Description of the Type of Business or Activities Conducted at this Facility: _____

3. **DEVICE DATA:**
 - 1) Manufacturer: _____ Model#: _____ Size: _____
 - 2) RPBP: _____ DCVA: _____ PVB: _____
 - 3) Hot or Cold Water Unit: _____
 - 4) Location of Device within the Premises: _____
 - 5) By-Pass Arrangement: YES: _____ NO: _____
 - 6) Type of Shut-off Valve: _____ UL or FM Approval: Yes _____ No _____
 - 7) From What Type of Contamination is the Water Supply Protected: _____

 - 8) How Many Other RPBP or DCVA Devices are Located at This Facility: _____

9) Estimated Date of Completion: _____

4. PIPING SCHEMATICS REQUIRED:

A) A Fully Labeled, Detailed Schematic of the Potable and Non-potable Water Piping immediately Surrounding the Backflow Prevention Device Installation showing the Following:

Height above the Finished Floor.

Distance from Walls(s).

Type of Equipment or System(s) Downstream of (after) the Backflow Prevention Device.
(Chemical Treatment, Operating Pressure, etc.)

Manufacturer, Make, Model, Size and Alignment of the Backflow Prevention Device.

Location of Upstream and Downstream Shut-off Valves.

Any Additional Information Particular to the Backflow Prevention Device Installation that should be Reviewed.

Please note that the piping schematic must be at least 8 1/2" x 11 1/2" with a completed title block (name of facility, address, date, preparer, scale, etc.).

Please utilize one data sheet for each backflow prevention device installation submitted.

Submitted By: _____

Of: _____

Address: _____

Date: _____

Telephone #: _____

Plumber's Signature or
Sprinkler Fitter's Signature: _____

Plumber's License # or
Sprinkler Fitter's License #: _____

Owner/Agent Signature: _____

FOR OFFICIAL USE ONLY:

Reviewer's Signature: _____ Date: _____

Submit to: Whitinsville Water Company
PO Box 188
44 Lake Street
Whitinsville, MA 01588