



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