



LITTLETON WATER DEPARTMENT

39 AYER ROAD

LITTLETON, MA 01460

(M) 978-540-2222

(F) 978-742-4903

LIT CONTROL#: LIT

Remit Paperwork to: Kevin Hunt
Water Operations Manager

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET
NEW DEVICE

CUSTOMER / FACILITY DATA

Owner Name: Last First M.I.
Address: Street Address City
Facility Name:
Address: Street Address City
Contact/Agent:
Telephone: Facility Contact Person/Agent

DEVICE DATA

Manufacturer: Model:
RPBP: DCVA: Size:
Type of Unit: Hot Water Cold Water By-Pass Arrangement: Yes No
Location of Device:
From what type of contamination is the water supply protected?
How many other RPBP or DVCA devices are located in this facility?
Type of gate valve:
\*Gate valves for fire systems must be UL or FM approved

DEVICE MAINTENANCE AND TESTING & INSPECTIONS SCHEDULE

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

\*Please use one (1) data sheet for each backflow preventer\*

\*\*Please refer to Massachusetts State Law 310 CMR 22.22\*\*



BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

REQUIRED PLUMBING DIAGRAMS

A fully labeled, detailed schematic of the potable and non-potable water piping immediately surrounding the backflow prevention device installation showing:

- Height above finished floor
• Distance from wall(s)
• Type of equipment or system(s) downstream of (after) the backflow preventer (chemical treatment, operating pressure etc.)
• Make, model, size and alignment of the backflow prevention device
• Location of upstream and downstream shutoff valve
• Any additional information particular to the backflow prevention device installation that should be revised

\*\*\* Please note that the proposed plumbing diagram(s) of the backflow preventor(s) must be at least 8 1/2" x 11" with a complete (name of facility, address, date, preparer)\*\*\*

Submitted by: \_\_\_\_\_
Company: \_\_\_\_\_
Date: \_\_\_\_\_
Telephone: \_\_\_\_\_

Plumber's Signature

Plumber's License #

Owner/Agent Signature

LITTLETON WATER DEPARTMENT - (OFFICIAL USE ONLY)

Control Number: \_\_\_\_\_
Company Name: \_\_\_\_\_
Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

DEVICE LOCATION

Containment: \_\_\_\_\_ Isolation: \_\_\_\_\_
New Device: [ ] Yes [ ] No
Existing Device: [ ] Yes [ ] No
Make: \_\_\_\_\_ Model #: \_\_\_\_\_
Serial #: \_\_\_\_\_
Size of Device: \_\_\_\_\_

VIOLATIONS - (OFFICIAL USE ONLY)

1: \_\_\_\_\_
2: \_\_\_\_\_
3: \_\_\_\_\_

INSTALLATION

Approved: [ ] Yes [ ] No

Remarks: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_