



DEVICE TAG # (as determined by LELWD):  
Remit Paper Work to:  
Matthew Silverman, Environmental Manager  
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**BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

- 1. OWNER'S NAME:
- 2. ADDRESS:
- 3. FACILITY:
- 4. Name:
- 5. Address: Contact Person/Agent:
- 6. Telephone # of Facility/Contact Person:

New or Existing Facility:

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

**DEVICE DATA**

**Manufacturer:** **Make & Model #:** **Size:**  
**Device Type** RPBP DCVA PVB  
**Size of Device:** **Serial Number:**  
**Hot or Cold-Water Unit:**  
**Location of Device:**  
**Containment?:** YES: NO:  
**By-Pass Arrangement?:** YES: NO:  
**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\*

**5. DEVICE MAINTENANCE AND TESTING & INSPECTIONS SCHEDULE**

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

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

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

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6. PLUMBING DIAGRAMS REQUIRED

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 the following information: name of facility, address, date, and preparer\*\*\***

Submitted by:

Company:

Date:

Telephone:

\_\_\_\_\_  
Plumber's Signature

Plumber's License #:

\_\_\_\_\_  
Owner/Agent Signature

**7. (Official Use Only) - Littleton Water Department**

Comments:

Control Number:

Company Name:

**BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

**8. VIOLATIONS (Official Use Only) - Littleton Water Department)**

- 1.
- 2.
- 3.

**9. INSTALLATION (Approved Yes or No)**

**10. REMARKS**