



WEBSTER WATER DEPARTMENT
P.O. Box 793 - 38 HILL ST - WEBSTER, MA 01570
PHONE: 508-949-3861 or 508-949- 3865 FAX: 508-949-3868

NON-RESIDENTIAL BACKFLOW PREVENTION
DEVICE DESIGN DATA SHEET

1. Owner's Name: _____

Address: _____

2. Facility

Name: _____

Address: _____

Contact Person / Agent: _____

Telephone # of Facility: _____

New or Existing Facility: _____

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

3. DEVICE DATA

Manufacture _____ Model # _____

RPBP _____ DCVA _____ PVB _____ SIZE _____ Hot / Cold Unit _____

Location of device _____

From what type of contamination is the water supply protected? _____

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

Type of Gate Valve? OS&Y _____ BALL _____ BUTTERFLY _____ NRS _____

Plans Submitted

A fully labeled, detailed schematic of the potable and nonpotable water piping Immediately surrounding the backflow prevention device installation must be submitted. These plans must clearly show the following:

- 1. Height above floor of the device;
- 2. Distance from wall of the device;
- 3. Type of chemical(s) used (if any) and the type of downstream of the device;
- 4. Alignment of the device;
- 5. Type of chemical(s) used (if any) and the type of equipment upstream of the device;
- 6. Location of upstream and downstream shutoff valves.

Please note the schematic must be at least 8 ½ by 11 inches with a completed title block.

Design data sheet submitted by:

Plumber signature _____ (date)

Owner's Agent/owner _____ Of

Date

Tele. No.

Water Division

Assigned Cross Connection ID No. _____

Installation approved _____

Installation rejected _____

Comments _____

Approved

Cross Connection Inspector

Date

Water Superintendent

Date