DEPARTMENT OF PUBLIC WORKS  
WATER AND SEWER DIVISION  
TOWN OF DARTMOUTH  
751 ALLEN STREET  
DARTMOUTH, MASSACHUSETTS 02747-4001

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

I. Owner's Name ____________________________________________
   Address ________________________________________________

II. FACILITY
   A. Name ________________________________________________
   B. Address ______________________________________________
   C. Contact Person/Agent __________________________________
   D. Telephone Number of Facility Contact Person ________
   E. New or Existing facility?
   F. General description of the type of business or activities carried out at this facility
      ____________________________________________________

III. DEVICE DATA
   A. Manufacturer ___________________________ Model No. ______
   B. RPBP _____ DCVA _______ Residential Sprinkler Dual Check __
   C. Size ____________
   D. Hot or cold Water Unit ________________________________
   E. Location of Device ______________________________________
   F. Bypass arrangement (Y/N)? ________________________________
   G. From what type of contamination is the water supply protected?
      ____________________________________________________
   H. How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valve Assemblies (DCVA) are located in this building? __________________

   I. Type of Gate Valve ______________________________________
   Gate Valves for fire systems must be UL or FM approved.
   Please Use one Form For Each Device
   = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =
   Please Turn Over
   = = = = = = = = = = = = = = = =
IV. Device Maintenance and Testing Schedules
Describe the maintenance and testing schedule of the above device(s) (please refer to 310 CMR 22.22)

Per Department of Environmental Protection Drinking Water Regulations
and Town of Dartmouth Rules & Policies of the Water Division

V. Cross Connection Plan Submittal Requirements
A. Plumbing Plan:
1. Completed title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing and/or sprinkler system (at least 8-1/2" x 11"), using accepted
   symbols and nomenclature, detailing:
   a. Clearances in device installations
      1. Height above finished floor (3' minimum - 4' maximum)
      2. Distance from wall (4" minimum space required for 3/4" - 2" devices)
         (12" minimum space required for 2-1/2" - 10" devices)
   b. Location of upstream and downstream shutoff valves
   c. Make, model, size, and alignment of device
   d. Location of potable water lines
   e. System, source, or equipment fed downstream of device complete with information on the secondary
      system (operating pressure, chemical treatment, etc.)

When installation of devices involve large or complex plumbing systems, formal prints must be
submitted with a Professional Engineers' stamp, subject to the discretion of the reviewing authority.

A $35.00 processing fee is due upon submittal of plans

PLEASE MAKE CHECK PAYABLE TO THE TOWN OF DARTMOUTH

Date ____________________________ Company ____________________________
Submitted By ____________________________ Address ____________________________
Plumber/Sprinkler Signature ____________________________ Tel. ____________________________
Plumber/Sprinkler License # ____________________________ Fax ____________________________
Owner/Agent Signature: ____________________________

FOR DEPARTMENTAL USE
Comments: ____________________________________________________________

______________________________________________________________________

Inspector's Signature: ____________________________ Date: ____________________________
c:\msword\BPDDDS