



CITY OF SOMERVILLE MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS
WATER DIVISION

BACKFLOW DEVICE DESIGN DATA AND PLUMBING PLAN

MUST BE SUBMITTED AND APPROVED PRIOR TO INSTALLATION

SUBMIT COMPLETED FORM TO:

CITY OF SOMERVILLE - WATER DIVISION
17 FRANNEY ROAD
SOMERVILLE, MA 02145

A. PROPERTY OWNER INFORMATION

Owner name

Street Address

City

State

Zip Code

Phone #

B. FACILITY INFORMATION

Facility Name

Street/PO Box

City

State

Zip Code

Contact Person

Phone Number

Is this facility New or Existing (check one)

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

C. DEVICE DATA

Exact Device Location

Make	Model	Size	Hot Or Cold Water Unit
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Type of Gate Valve (Must be UL or FM approved for fire systems)

RPBP DCVA PVB (check one) Bypass Arrangement Yes No

From what type of contamination is the water supply protected?

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

D. DEVICE MAINTENANCE and TESTING SCHEDULES

Describe the maintenance and testing schedule of the above device(s).
(Please refer to 310 CMR 22.22)

E. CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS

A. PLUMBING PLAN:

1. Completed title block (name of facility, address, date, preparer, etc.)
2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11")
using accepted symbols and nomenclature, detailing:
 - Location of upstream and downstream shutoff valves
 - Make, model, size, and alignment of device
 - Location of potable water lines
 - System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)
 - All RPBP, DCVA, & PVB's must be installed in a horizontal configuration. RPBP's and PVB's must be installed between 36" and 48" above finished floor. DCVA's must be installed between 30" and 55" above finished floor.

This Design Data Sheet is only for the approval of a backflow installation. All other permits must be acquired from the respective city/town offices.

Submitted By: _____

Address: _____

Date: _____ Phone: _____