



Backflow Prevention Device Design Data Sheet

Owner

Name: _____

Address: _____

Facility

Business Name: _____

Address: _____

Contact Person: _____

Phone: _____

Email : _____

Is this Facility: New or Existing

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

Device Data

Type	Manufacturer	Model #	Size

Unit service for: Hot or Cold water

Location of Device : _____

Bypass arrangement:
(If so please describe) _____

What type of contamination is
water supply protected: _____

How many other RPZ or DCVA
located in this building _____

Type of gate valve* : _____

All gate valves on fire systems must be **UL (Underwriters Laboratory) **FM** (Factory Mutual) approved*

Plumbing Diagram Requirements

Provide fully labeled, detailed, potable and non-potable water piping surrounding the backflow device installation showing:

1. Height above the finish floor.
2. Distance from walls.
3. Type of equipment downstream of backflow preventer (chemical treatment, dialysis machine, etc.)
4. Make, model, size and alignment of the backflow prevention device.
5. Location of upstream and downstream shutoff valves.
6. Any additional information particular to the backflow device installation that should be reviewed.

The plumbing diagram must be at least 8 ½" x 11" with a complete title block indicating the name of the facility, address of the facility, data preparer and the scale.

Submitted by: _____

Company: _____

Date: _____

Telephone: _____

Signature: _____

Submit application to:

Town of Burlington
Department of Public Works
25 CENTER ST
BURLINGTON, MA 01803
(781) 270-1670
www.burlington.org