Town of Salisbury, MA
Water Division

39 Lafayette Road Salisbury, MA 01952
Phone: 978-891-7201 email: scallahan@salisburyma.gov

Public Water Supply
3259000

Design Data Sheet

Instructions:

1) Fill out all information in the form below.
2) Include a professional schematic depicting the exact location including clearances.
3) Include plumber's signature and license number.
4) Email all documentation to scallahan@salisburyma.gov for approval.

PROPERTY OWNER INFORMATION:

Name: _____

Phone #: _____

Address: _____

Email: _____

FACILITY INFORMATION:

Name: _____

Address: _____

Contact Person/ Agent: _____

Phone #: _____ Email: _____

Is this a [check all that apply]:

- ☐ New Facility
- ☐ Existing Facility
- ☐ Property Rehabilitation
- ☐ Commercial
- ☐ Industrial
- ☐ Residential
- ☐ Other [please specify]: _____

If Residential How many units: _____

General Description of the Type of Business or Activities Conducted at this facility:

_____

_____

DEVICE DATA:

Manufacturer: _____ Model#: _____ SN: _____ Size: _____

TYPE of DEVICE:

- ☐ RPBP
- ☐ DCVA
- ☐ Detector Check
- ☐ PVB

Hot or Cold-Water Unit? _____

Location of Device within the Premises: _____

Is this device used for?

- ☐ Containment
- ☐ Isolation

By-Pass Arrangement:

- ☐ YES
- ☐ NO

Type or Shut-off Valve:

- ☐ BALL
- ☐ NRS
- ☐ OS&Y
- ☐ BUTTERFLY
- ☐ OTHER: _____

Installation:

- ☐ Vertically
- ☐ Horizontally

UL or FM Approval:

- ☐ Yes
- ☐ No

From What Type of Contamination is the Water Supply Protected be specific: [example: Chemical, Biological, Fire Protection, domestic containment, etc.]

_____

Check any of the following that apply to devices associated with a Fire Protection Systems:

- ☐ Pumps
- ☐ Tanks
- ☐ Reservoirs
- ☐ Physical connection from other water supplies.
- ☐ Antifreeze or other additives of any kind.
- ☐ All sprinkler drains discharge to atmosphere, dry wells, or other safe outlets.

Number of Other Devices are located at this Facility: _____

Required Piping Schematic:

- A Fully Labeled, Detailed Schematic of the Potable and Non-potable Water Piping immediately Surrounding the Backflow Prevention Device Installation showing the Following:
- Height above the Finished Floor.
- Distance from Walls(s).
- Type of Equipment m· System(s) Downstream of (afte1 the Backflow Prevention Device. (Chemical Treatment, Operating Pressure, etc.)
- Manufacturer, Make, Model, Size and Alignment of the Backflow Prevention Device.
- Location of Upstream and Downstream Shut-off Valves.
- Explain mechanism to handle relief valve discharge. (alarm or drain system? Give specifics)
- Any Additional Information Particular to the Backflow Prevention Device Installation that should be reviewed.

Please note that the piping schematic must be at least 8 ½" xi I ½" with a completed title block (Name of facility, address, date, preparer, scale, etc.).

Please utilize one data sheet for each backflow prevention device installation submitted.

Submitted By: _____ **Date Submitted:** _____

Estimated Date of Completion: _____

The backflow assembly will be installed with adequate clearance around the valve to allow for inspection, testing and servicing. The minimum clearance between the floor and the bottom of the assembly will be consistent with the installation specifications of the device. The maximum height will be low enough for the inspector to safely test the device without the use of a ladder**.**

Plumber's Signature or Sprinkler Fitter's Signature: _____

Plumber's License# or Sprinkler Fitter's License#: _____

Owner/Agent Signature: _____

Reference:

https://www.mass.gov/regulations/310-CMR-2200-drinking-water

FOR SALISBURY WATER DIVISION USE ONLY:

Address of device: _____ SN of Device: _____

Permit Application Number: _____ Permit Application Date: _____

Reviewer's Signature: _____