



# City of Beverly

Water Dept.  
148 Park St.  
Beverly, Ma. 01915  
978-921-6057

## Backflow Prevention Device Design Data Sheet Application

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### Owner Information:

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

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### Facility Information:

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Mngr: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Manager No: \_\_\_\_\_  
Is this facility: New or Existing ( circle one )  
General description of the type of business or activity conducted at this facility:  
\_\_\_\_\_

Size of water service: \_\_\_\_ inches // Metered: Y / N // Meter No. \_\_\_\_\_  
Do you have an irrigation system: Y / N \_\_\_\_\_  
Is there a well on the property: Y / N \_\_\_\_\_  
Is there a sump pump on the property: Y / N \_\_\_\_\_

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### Device Data:

Manufacturer: \_\_\_\_\_ Serial No: \_\_\_\_\_ Model No: \_\_\_\_\_  
Reduced Pressure Valve (RPBP) Or Double Check Valve (DCVA): \_\_\_\_\_  
Size: \_\_\_\_\_ Hot or Cold water unit: \_\_\_\_\_  
Location of Device: \_\_\_\_\_  
Bypass Arrangement (yes or no) \_\_\_\_\_  
From what type of contamination is the water supply protected? \_\_\_\_\_  
Degree of hazard: \_\_\_\_\_ How many other devices are at this location? \_\_\_\_\_  
Type of gate valve (gate valves under fire systems must be UL or FM approved)

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## **Device Maintenance and Testing Schedules:**

Following is the maintenance and testing schedule of the above device(s).

Please refer to 310CMR 22.22

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- Reduced Pressure Zone (RPZ) is tested twice per year by City approved Backflow Contractor.
  - Double Check Valve Assembly (DCVA ) is tested once per year by City approved Backflow Contractor.
  - Reduced Pressure Zone (RPZ) installed on an Irrigation System & not used more than 6 months out of the yr. can be tested once a yr.
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## **Cross Connection Plan Submittal Requirements:**

### A. Plumbing Plan:

1. Completed form (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11") using accepted symbols and detailing
3. Clearance in device installation
4. Location of upstream and downstream shutoff valves
5. Make, model, size and alignment of device
6. Location of potable water lines
7. System, source or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installation of device(s) involve large or complex plumbing systems, formal prints must be submitted with the appropriate MA. Professional Engineers stamp.

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Plumbers Signature: \_\_\_\_\_

Plumbers Lic. # : \_\_\_\_\_

Contact No.: \_\_\_\_\_

Sprinkler fitters Signature: \_\_\_\_\_

Sprinkler fitters Lic. #: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Approval of Design Data Sheet

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_