

**Water Compliance Office**

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# CITY OF GLOUCESTER

**Gloucester, Massachusetts**

**Water Compliance Office**

**Cross Connection Control Program**

## Backflow Preventer Device – Design Data Sheet

1. Owner's Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_

2. Facility \_\_\_\_\_

A) Name \_\_\_\_\_

B) Address \_\_\_\_\_

C) Contact Person for Facility \_\_\_\_\_

D) Telephone # of Facility or Contact Person \_\_\_\_\_

E) New Facility \_\_\_\_\_ Existing Facility \_\_\_\_\_

F) Commercial Facility \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_ Other \_\_\_\_\_

G) Type of business \_\_\_\_\_

H) General description of the type of business activities carried out at this facility (if not Residential) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Device Data

B) Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

RPZ \_\_\_\_\_ DCVA \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_

C) Is this unit for hot or cold water service \_\_\_\_\_

D) Where in the facility will device be located (please try to give a precise description of the location ) \_\_\_\_\_

E) Is there a bypass arrangement in place \_\_\_\_\_ If so please describe \_\_\_\_\_

F) From what type of contamination or pollution is the water system being protected \_\_\_\_\_

G) Type of gate valve before & after the device \_\_\_\_\_  
(all gate valves on fire systems must be UL or FM approved )

H) How many other RPZ or DCVA devices are in service at this facility \_\_\_\_\_

4. Device Maintenance, Testing, and Inspection Schedule – please describe the maintenance, testing, and inspection schedule for the above device.

( refer to Mass. State Law 310 CMR 22.22 ) \_\_\_\_\_

#### 5. Plumbing Diagram Requirements

A fully labeled, detailed schematic of the potable and non potable water piping surrounding the backflow device installation showing:

A) Height above the finish floor

B) Distance from walls

C) Type of equipment downstream of backflow preventer (chemical treatment, dialysis machine etc.)

D) Make, model, size, and alignment of the backflow prevention device.

E) Location of upstream and downstream shutoff valves.

F) 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 facility, address of the facility, data preparer, and the scale.

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

Of: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Plumber's signature: \_\_\_\_\_

Plumbers License # : \_\_\_\_\_

Owner/ Owner's Agent Signature: \_\_\_\_\_

FOR CITY USE ONLY:

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

Reviewer's signature \_\_\_\_\_

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

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**To be returned to Water Compliance Office 50 Essex Avenue  
Gloucester, M. A. 01930 for review before installation**

**INSTALLATION DRAWING PAGE**