**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

Installation:

* Vertically
* Horizontally

UL or FM Approval:

* Yes
* No
* Isolation

By-Pass Arrangement:

* YES
* NO

Type or Shut-off Valve:

* BALL
* NRS
* OS&Y
* BUTTERFLY
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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>

[https://library.municode.com/ma/chelsea/codes/code\_of\_ordinances?nodeId=PTIICOOR\_CH30WASESY\_ARTIV WASY\_DIV3BAPRCRCOCO](https://library.municode.com/ma/chelsea/codes/code_of_ordinances?nodeId=PTIICOOR_CH30WASESY_ARTIVWASY_DIV3BAPRCRCOCO)

FOR SALISBURY WATER DEPARTMENT USE ONLY:

Address of device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SN of Device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_