

# APPENDIX C



## CITY OF FRAMINGHAM

DEPARTMENT OF PUBLIC WORKS | OPERATIONS

OPERATIONS CENTER  
100 Western Avenue  
Framingham, MA 01702

508-532-6050  
water@framinghamma.gov  
www.framinghamma.gov

### CITY OF FRAMINGHAM BACKFLOW PREVENTER DEVICE DESIGN DATA SHEET

#### A. OWNER:

- 1) Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Phone.: \_\_\_\_\_

#### B. FACILITY:

- 1) Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Account No.: \_\_\_\_\_ Meter No.: \_\_\_\_\_
- 4) Contact Person: \_\_\_\_\_
- 5) Telephone # (Facility of Contact): \_\_\_\_\_
- 6) New Facility: \_\_\_\_\_ Existing Facility: \_\_\_\_\_ Property Rehabilitation: \_\_\_\_\_
- 7) General Description of the Type of Business or Activities Conducted at this Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### C. DEVICE DATA:

- 1) New Unit: \_\_\_\_\_ Replacement Unit: \_\_\_\_\_ Removal Only: \_\_\_\_\_ Serial No.: \_\_\_\_\_
- 2) Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Size: \_\_\_\_\_
- 3) RPBP: \_\_\_\_\_ DCVA: \_\_\_\_\_ PVB: \_\_\_\_\_
- 4) Hot or Cold Water Unit: \_\_\_\_\_
- 5) Location of Device within the Premises: \_\_\_\_\_
- 6) By-Pass Arrangement: Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 7) Type of Shut-off Valve: \_\_\_\_\_ UL or FM Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 8) From What Type of Contamination is the Water Supply Protected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) How Many Other RPBP or DCVA Devices are Located at This Facility: \_\_\_\_\_

10) Estimated Date of Completion: \_\_\_\_\_

**D. PIPING SCHEMATIC:**

- I have submitted a fully labeled, piping schematic that is at least 8½”x11½” showing details of the potable and non-potable water piping immediately surrounding the Backflow Prevention Device with all of the following included:
  - a. Height above the Finished Floor.
  - b. Distance from wall(s).
  - c. Type of equipment or system(s) downstream of (after) the Backflow Prevention Device. (chemical treatment, operating pressure, etc.)
  - d. Manufacturer, Make, Model, Size and Alignment of the Backflow Prevention Device.
  - e. Location of Upstream and Downstream Shut-off Valves.
  - f. Additional information particular to the Backflow Prevention Device installation to be reviewed.
  - g. A Title Block including: Name of facility or Business name (if applicable); Facility address; Date; Preparer; Scale; Revision number (if applicable).
  
- I have submitted one data sheet for each backflow prevention device installation or removal.

**E. SIGNATURES:**

Submitted By: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Plumber or Sprinkler Fitter Signature: \_\_\_\_\_

Plumber or Sprinkler Fitter License #: \_\_\_\_\_

Owner/ Agent Signature: \_\_\_\_\_

**Submit to: Framingham Water Division  
Attn: Backflows  
100 Western Ave.  
Framingham, MA 01702**

**Phone: 508-532-6050  
Email: backflows@framinghamma.gov**

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**FOR CITY OF FRAMINGHAM USE ONLY**

Accepted as Submitted: \_\_\_\_\_ Revision Required (note on drawing): \_\_\_\_\_ Revision Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted as Inspected: \_\_\_\_\_ Modification Required (note on drawing): \_\_\_\_\_ Modification Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

