

**TOWN OF HADLEY  
OFFICE OF THE DPW  
WATER DIVISION  
230 MIDDLE ST., P.O. BOX 406**

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**BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

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

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

2. Facility

Name: \_\_\_\_\_

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

Contact Person / Agent: \_\_\_\_\_

Telephone # of Facility: \_\_\_\_\_

New or Existing Facility: \_\_\_\_\_

General Description of the type of business or activities carried out at this facility:

\_\_\_\_\_  
\_\_\_\_\_

3. DEVICE DATA

Manufacture \_\_\_\_\_ Model # \_\_\_\_\_

RPBP \_\_\_\_\_ DCVA \_\_\_\_\_ PVB \_\_\_\_\_ SIZE \_\_\_\_\_ Hot / Cold Unit \_\_\_\_\_

Location of device \_\_\_\_\_

From what type of contamination is the water supply protected? \_\_\_\_\_

\_\_\_\_\_

How many other (RPBP) or (DCVA) are located in this building? \_\_\_\_\_

Type of Gate Valve? OS&Y \_\_\_\_\_ BALL \_\_\_\_\_ BUTTERFLY \_\_\_\_\_ NRS \_\_\_\_\_

**Plans Submitted**

A fully labeled, detailed schematic of the potable and nonpotable water piping Immediately surrounding the backflow prevention device installation must be submitted. These plans must clearly show the following:

1. Height above floor of the device
2. Distance from wall of the device
3. Type of chemical(s) used (if any) and the type of downstream of the device
4. Alignment of the device
5. Type of chemical(s) used (if any) and the type of equipment upstream of the device
6. Location of upstream and downstream shutoff valves

Please note the schematic must be at least 8 1/2 by 11 inches with a completed title block.

Design data sheet submitted by:

Plumber signature \_\_\_\_\_ (date) \_\_\_\_\_

Owner's Agent/owner \_\_\_\_\_

Of \_\_\_\_\_

Date \_\_\_\_\_

Tele. No. \_\_\_\_\_

Water Division \_\_\_\_\_ Assigned Cross Connection ID No. \_\_\_\_\_

Installation approved \_\_\_\_\_ Installation rejected \_\_\_\_\_

Comments \_\_\_\_\_

Approved

Cross Connection Inspector	Date	Water Superintendent	Date
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