



TOWN of BROOKLINE

Massachusetts

Department of Public Works
Water & Sewer Division

Andrew M. Pappastergion
Commissioner
Frederick W. Russell PE
Director

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

I. Owners Name _____
Address _____

II. FACILITY

(a) Name _____
(b) Address _____
(c) Contact Person/Agent _____
(d) Phone # _____
(e) New Facility _____ Existing Facility _____
(f) General description - business/activities conducted at this facility:

(g) Seasonal Device _____ Non-Seasonal _____

III. DEVICE DATA

(a) Manufacturer _____ Model # _____
(b) RPBP _____ Double Check Valves _____
(c) Size _____
(d) Hot or Cold Water Unit _____
(e) Location of Device _____
(f) Bypass Arrangement Yes _____ No _____
(g) Service Protected _____
(h) How many other Reduced Pressure Backflow Preventers (RPZ) and
Double Check Valve Assemblies (DCVA) are located in this building?

(i) Gate Valves (OS & Y) Yes _____ No _____
OS & Y is required at foundation for all Fire lines. 2 inch and larger

IV. DEVICE MAINTENANCE AND TESTING SCHEDULES

Seasonal Devices - Requires annual testing by the Brookline Water & Sewer at the Owner's expense.

Non-Seasonal - Requires semi-annual testing by Brookline Water & Sewer at the Owner's expense.
Annually by a certified tester retained by the owner.

V. Cross Connection Plan Submittal Requirements

Plumbing Plan

1. Completed title block (name of facility, address, date, preparer, scale etc.)
2. **Schematic or blueprint of plumbing system (at least 8 ½ x 11) using accepted symbols and nomenclature, detailing**
 - a. Clearances in device installation
 - b. Location of upstream and downstream shutoff valves
 - c. Make, model, size and alignment of device
 - d. Location of potable water lines
 - e. System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installation of devices involve large or complex plumbing systems formal prints must be submitted by a Professional Engineers stamp, subject to the discretion of the reviewing authority.

Submitted By: _____

Of: _____

Address: _____

License #: _____

E mail _____

Date: _____

Telephone #: _____

Owner/Agent Signature: _____

Date: _____

Water & Sewer Approval _____

Date: _____ Control # _____