



**TOWN OF AGAWAM**  
***Department of Public Works***

1000 Suffield Street • Agawam, MA 01001  
Tel (413) 821 0600 • Fax (413) 821 0631  
Christopher J. Golba • Superintendent

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**AGAWAM WATER DEPARTMENT**  
**BACKFLOW PREVENTER DEVICE DESIGN DATA SHEET**

Permit Application & Review Fee (\$175-76 & TR-2014-28): \$67.50

Rev. 06/17

1. OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

2. FACILITY:

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Account No.: \_\_\_\_\_ Meter No.: \_\_\_\_\_

d) Contact Person/Agent: \_\_\_\_\_

e) Telephone # (Facility or Contact): \_\_\_\_\_

f) New Facility: \_\_\_\_\_ Existing Facility: \_\_\_\_\_ Property Rehabilitation: \_\_\_\_\_

g) General Description of the Type of Business or Activities Conducted at this Facility:

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

3. DEVICE DATA:

1) Manufacturer: \_\_\_\_\_ Model#: \_\_\_\_\_ Size: \_\_\_\_\_

2) RPBP/RPDA: \_\_\_\_\_ DCVA/DCDA: \_\_\_\_\_ (Detector assemblies required for fire systems unless otherwise metered, the meter is to be an Agawam Water Department meter subject to water use and service charges, include payment for the meter with this application. The owner of the property is responsible for water use and service charges.)

3) Hot or Cold Water Unit: \_\_\_\_\_

4) Location of Device within the Premises: \_\_\_\_\_

5) By-Pass Arrangement: YES: \_\_\_\_\_ NO: \_\_\_\_\_

6) Type of Shut-off Valve: \_\_\_\_\_ UL or FM Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

7) From What Type of Contamination is the Water Supply Protected: \_\_\_\_\_  
\_\_\_\_\_

8) How Many Other RPBP or DCVA Devices are Located at This Facility: \_\_\_\_\_

9) Estimate Date of Completion: \_\_\_\_\_

**4. PIPING SCHEMATICS REQUIRED:**

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 or System(s) Downstream of (after) 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.
- 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 1/2" x11 1/2" 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: \_\_\_\_\_

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

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

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

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

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

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

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

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**FOR AGAWAM WATER DEPARTMENT USE ONLY:**

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

**Submit to:** Agawam Water Department  
1000 Suffield Street  
Agawam, MA 01001

Phone: 413-821-0600  
Fax: 413-821-0631  
Email: backflow@agawam.ma.us