

Tyngsborough Water District
87 Progress Avenue, Unit 2
PO Box 305
Tyngsborough, MA 01879
978- 649-4577
Design Data Sheet

1. Owner's name: _____

Address: _____

2. Facility:

Name: _____

Address: _____

Contact person/agent: _____

Telephone # (Facility or Contact): _____

New Facility: _____ Existing Facility: _____ Property Rehabilitation: _____

General description of the type of business or activities conducted at this facility:

3. Device Data:

Manufacturer: _____ Model#: _____ Size: _____

RPBP _____ DCVA _____ PVB _____ Serial # _____

Hot or cold water unit: _____ By-Pass arrangement: YES _____ NO _____

Location of device within the premises: _____

Type of Shutoff valve: _____ UL or FM approval: YES _____ NO _____

From what type of contamination is the water supply protected: _____

How many other RPBP or DCVA are located on the premises: _____

THIS DESIGN DATA SHEET FOLLOWS 310 CMR 22.22 REQUIREMENTS

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 wall(s).
- Type of equipment or system(s) downstream of (after) the backflow device. (Chemical treatment, operating pressure, etc.)
- Manufacture, make, model, size and alignment of the backflow prevention devices.
- Location of upstream and downstream shut-off valves.
- Any additional information particular to the backflow prevention device installation that should be reviewed.
- Also include a proposed date of installation.
- We will need notification once the device is installed, as the Law requires us to test the backflow device within 14 days of installation.

Application and Permit Fee: \$100.00

PAYABLE TO: TYNGSBOROUGH WATER DISTRICT

Note: All fire sprinkler connections are assessed at a fee of: **\$1,000.00** annually.

***** Please note that the piping schematic must be at least 8 ½" X 11 ½" with a complete title block. (Name of facility, address, date, preparer, scale, etc.)

Please utilize one data sheet for each backflow prevention device installation submitted with the date of installation.

Submitted By: _____

Of: _____

Address: _____

Date: _____ Telephone # _____

Plumber's or Sprinkler Fitter signature: _____

Plumber's or Sprinkler Fitter License #: _____

Tyngsborough Water District Assigned Device ID # _____

Installation Approved _____ **Installation Rejected** _____

Comments _____

Cross Connection Control Coordinator – Date _____

PWS Superintendent – Date _____

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DRAW SCHEMATIC HERE

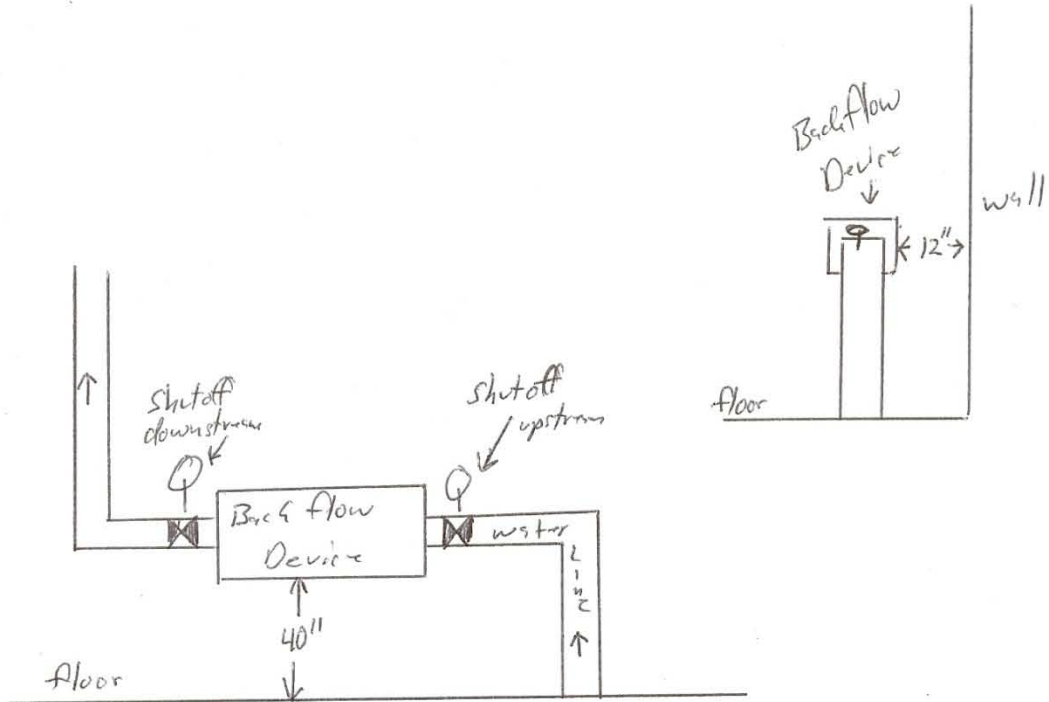
There needs to be a repair kit for each device on scene at time of initial testing.

The **Tyngsborough Water District** will need this paperwork at **least two weeks** in advance of installation to view and approve.

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