

City Of Westfield Massachusetts



WATER DEPARTMENT

CROSS CONNECTION CONTROL PROGRAM

Backflow Prevention

To: Backflow Prevention Installers
From: Burt Whipple, Deputy Superintendent

Re: **Requirements for the Installation of a Backflow Device**

The following is the procedure for obtaining a permit, for the installation of a testable Backflow Prevention Device with in the City of Westfield Massachusetts.

1. Complete the **Backflow Prevention Device Design Data Sheet**. Complete one form for each device.
2. Attach an 8 ½ X 11 inch sketch or schematic to each Design Data Sheet.
3. Attach a check or money order in the amount of \$50.00 per device, made out to the City of Westfield for the permitting fee. Note: Residential Pressure Vacuum Breakers and non-testable devices do not require a permit fee.
4. A repair kit for each device installed is required to be located on-site.

Additional forms may be obtained from the Water Department Office in City Hall at 59 Court Street or at the Water Department Engineering Group at 29 Sackett Street.

The Cross Connection Control Coordinator is available at 564-3152 between the hours of 8:00 AM to 3:30 PM to answer questions.

**WESTFIELD WATER DEPARTMENT
CROSS CONNECTION CONTROL PROGRAM**

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

I. Owner's Name _____

Address _____

II. Facility

(A) Name _____

(B) Address _____

(C) Contact Person / Agent _____

(D) Telephone Number of Facility Contact Person _____

(E) New Facility _____ Existing Facility _____

(F) General description of type of business or activities carried out at this facility:

III. DEVICE DATA (Complete a separate application for each device)

(A) Manufacturer _____ Model _____

Device Serial No. _____

(B) RPBP _____ DCVA _____ PVB _____

(C) Size _____

(D) Hot or Cold Water Unit _____

(E) Location of Device _____

(F) Bypass Arrangement: Yes _____ No _____

(G) From what type of contamination is the water supply protected?

(H) How many other Reduced Pressure Backflow Preventer (RPBP) and Double Check Valve Assemblies (DCVA) are located at this facility? _____

(I) Type of device isolation valve _____

IV. PLANS SUBMITTED

A fully labeled, detailed schematic of the potable and non-potable 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 the wall of the device
3. type of chemical(s) used (if any) and the type of equipment downstream of the device
4. alignment of the device
5. location and type of upstream and downstream shutoff valves

Please note the schematic must be at least 8 ½ by 11 inches with a completed title block
Design Data sheet submitted by:

Plumber / Sprinkler Fitter Name _____

MA State License # _____ Expiration Date _____

Shop / Company _____

Address _____

Telephone _____ Date _____

Signature _____

Water Department Assigned Cross Connection ID No. 32916

Installation approved Installation rejected

Comments _____

Approved

Cross Connection Control Coordinator – Date

Deputy Water Superintendent – Date