



City Of Westfield Massachusetts

WATER RESOURCES DEPARTMENT

28 Sackett Street, Westfield, MA 01085

(413) 572-6243

CROSS CONNECTION CONTROL PROGRAM

Backflow Prevention

To: Backflow Prevention Installers
From: Steven Fernandes, Deputy Director

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

The following is the procedure for obtaining a permit, for the installation of a testable state regulated backflow prevention device within 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 made out to the City of Westfield for the permit fee. **Note:** Single family residential backflow assemblies and non-testable devices do not require a permit fee.
4. A repair kit for each non-residential backflow assembly is required to be onsite, preferably attached to the backflow valve.
5. Vertical installations are prohibited.

Forms may be obtained from the Westfield Water Resources Department Office at 28 Sackett Street or the Westfield Water Resources Engineering Group at 27 Sackett Street.

The Cross Connection Control Coordinator is available at 413-642-9327 between the hours of 8:00 AM to 3:30 PM to answer questions.

**WESTFIELD WATER RESOURCES 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) Proposed Project Completion Date _____

(G) 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 _____ Serial # _____

(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?

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 Resources Department Assigned Cross Connection ID No. 32916

Installation approved Installation rejected

Comments _____

Cross Connection Control Coordinator – Date

Deputy Superintendent – Date