Town of Amherst
Backflow Prevention Device Application Sheet

I. Owners Name:  Click here to enter text.
Address:  Click here to enter text.
Contact:  Click here to enter text.
Phone:  Click here to enter text.  Fax:  Click here to enter text.

This form must be submitted along with a dimensional drawing to Amherst Water Department for approval before installation of any backflow device.

II. Facility
A. Name:  Click here to enter text.
B. Address:  Click here to enter text.
C. Contact Person/Agent:  Click here to enter text.
D. Telephone Number of Facility Contact Person:  Click here to enter text.
   Fax:  Click here to enter text.
E. New or Existing Facility:  Click here to enter text.
F. General description of the type of business or activities carried out at this facility:  Click here to enter text.

III. Device Data
A. Manufacturer:  Click here to enter text.  Model No.:  Click here to enter text.
B. RPBP:  ☐  DCVA:  ☐  PVB:  ☐
C. Size:  Click here to enter text.
D. Hot or Cold Water Unit:  Click here to enter text.
E. Location of Device – floor:  Click here to enter text.  Room #:  Click here to enter text.
F. Bypass Arrangement (Y/N):  ☐ Yes  ☐ No
G. From what type of contamination is the water supply protected?  Click here to enter text.
H. Require non-interrupted water service:  ☐ Yes  ☐ No
I. Does boiler feed utilize chemical additives?  ☐ Yes  ☐ No
J. Are air conditioning cooling towers utilized?  ☐ Yes  ☐ No
K. Is fire protection water separate from the potable supply?  ☐ Yes  ☐ No

Gate valves for fire systems must be UL or FM approved.

FEE $500.00, PLEASE MAKE CHECK PAYABLE TO TOWN OF AMHERST AND MAIL TO 586 SOUTH PLEASANT STREET, AMHERST, MA  01002.

Town of Amherst
IV. Device Maintenance And Testing Schedules
DCVA WILL BE TESTED ANNUALLY AND RPZ WILL BE TESTED TWICE ANNUALLY BY THE AMHERST WATER DEPARTMENT. CALL TOM LUIPPOLD AT 413-256-4050, EXT 15 WHEN THE DEVICE IS INSTALLED TO ARRANGE FOR INITIAL TEST AND INSPECTION.

V. CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS.
A. PLUMBING PLAN:
1. A GENERAL PLUMBING PLAN OF THE COMPLETE BUILDING SHALL BE SUBMITTED.

2. A DETAILED INSTALLATION PLAN SHALL BE SUMBITTED OF THE PROPOSED INSTALLATION.

   A. CLEARANCES IN DEVICE INSTALLATION
   B. LOCATION OF UPSTREAM AND DOWNSTREAM SHUTOFF VALVES.
   C. MAKE, MODE, SIZE AND ALIGNMENT OF DEVICES.
   D. LOCATION OF PORTABLE WATER LINES.
   E. SYSTEM, SOURCE OR EQUIPMENT FED DOWNSTREAM OF DEVICE, COMPLETE WITH ON THE SECONDARY SYSTEM (OPERATING PRESSURE, CHEMICAL TREATMENT, ETC.).

3. WHEN INSTALLATIONS OF DEVICES INVOLVE LARGE OR COMPLEX PLUMBING SYSTEMS, FORMAL PRINTS MUST BE SUBMITTED WITH A PROFESSIONAL ENGINEERS STAMP, SUBJECT TO THE DISCRETION OF THE REVIEWING AUTHORITY. ALL FORMS AND PLANS SHALL BE SUBMITTED TO LOM LUIPPOLD, AMHERST D.P.W. 586 S. PLEASANT ST., AMHERST, MA 01002.

OWNER/AGENT SIGNATURE: ____________________________________ DATE: ________________________