



TOWN OF AGAWAM
Department of Public Works

1000 Suffield Street • Agawam, MA 01001
Tel (413) 821 0600 • Fax (413) 821 0631
Mario M. Mazza • Superintendent

AGAWAM WATER DEPARTMENT
BACKFLOW PREVENTION DEVICE REGISTRATION FORM
(All devices need to be approved prior to installation)

Permit Application & Review Fee (§175-76 & TR-2022-37): \$80.00 per device

Rev. 8/22

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: (All devices must comply with the 2011 Reduction of Lead in Drinking Water Act)

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 use one registration 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:_____

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