



City of East Providence

DEPARTMENT OF PUBLIC WORKS
WATER UTILITIES DIVISION

60 COMMERCIAL WAY
EAST PROVIDENCE, RHODE ISLAND 02914-1006

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

OWNER'S NAME: _____

ADDRESS: _____

CITY

ZIP

II. FACILITY

(A) Name: _____

(B) Address: _____

(C) Contact Person/Agent: _____

(D) Telephone Number of Facility Contact Person: _____

(E) New Facility Existing Facility Domestic Service Fire Service Lawn Irrigation

(F) General Description of the type of business or activities carried out at this facility: _____

III. DEVICE DATA

(A) Manufacturer: _____ Model No. _____

(B) RPZ RPDA DCVA DCDA RESIDENTIAL DUAL CHECK

(C) Size _____

(D) Location of Device (Be Specific) _____

(E) Service Meter Number: _____

IV. TESTING SCHEDULE

MINIMUM TESTING REQUIRED—immediately after installation and annually thereafter except
for residential dual check devices.



V. SPECIFICATIONS

Device to be installed in compliance with specification sheet provided with this packet.

SUBMITTED BY: _____

REPRESENTING: _____

DATE: _____

TELEPHONE NO: _____

INSTALLERS NAME: _____ MASTER PLUMBERS LICENSE # _____

COMPANY: _____ ADDRESS: _____

CITY: _____ ZIP CODE: _____

OWNER'S/AGENT'S SIGNATURE: _____

DATE: _____

NOTE: ONE FORM FOR EACH DEVICE, INCOMPLETE FORMS WILL NOT BE ACCEPTED



For departmental use

COMMENTS: _____

REVIEWER'S SIGNATURE: _____

DATE: _____