

**DALTON
FIRE
DISTRICT**

(413) 684-6118
(413) 684-0500
(413) 684-6174

20 FLANSBURG AVENUE
DALTON, MA 01226-1409

BACKFLOW PREVENTION DEVICE PERMIT # _____ **DATE** _____

SUBJECT TO ANY AND ALL LAWS, REGULATIONS, STANDARDS, GUIDELINES AND POLICIES OF THE DALTON FIRE DISTRICT WATER DEPARTMENT AND ANY TOWN, STATE OR FEDERAL AGENCY, DEPARTMENT OR BODY OTHERWISE HAVING JURISDICTION AND FURTHER SUBJECT TO THE SPECIFIC TERMS, CONDITIONS AND RESTRICTIONS PRINTED OR WRITTEN HEREINBELOW OR ATTACHED, PERMISSION IS HEREBY GRANTED TO:

NAME: _____

ADDRESS: _____

TO: SITE LOCATION: _____

TYPE, SIZE, MODEL AND SERIAL # OF DEVICE INSTALLED: _____

LOCATION OF DEVICE: _____

WATER DEPARTMENT WILL NEED 24 HR. NOTICE FOR INSPECTION: CALL: 684-6124 FOR INSPECTION TIME AND DATE

INSPECTION DATE: _____ **PASSED:** _____ **FAILED:** _____

REDUCED PRESSURE ZONE DEVICES SHALL BE TESTED EACH APRIL OR MAY AND AGAIN EITHER OCTOBER OR NOVEMBER. TESTING SHALL BE DURING REGULAR BUSINESS HOURS AND AT THE OWNER'S EXPENSE. OWNER SHALL BE RESPONSIBLE FOR PROPER MAINTENANCE AND REPAIR OF ANY SUCH DEVICE IN ACCORDANCE WITH D.E.P. 310 CMR 22.22. THE DISTRICT WILL CALL EACH DEVICE OWNER TO SET UP AN APPOINTMENT FOR THE INSPECTION. AT THE TIME OF THE INSPECTION THE PERMITTEE SHALL PROVIDE THE INSPECTOR WITH AN INTIAL TEST REPORT OF THE DEVICE. ANY SUCH TEST SHALL HAVE BEEN PERFORMED BY A BACKFLOW PREVENTION DEVICE TESTER CERTIFIED AND LICENSED TOO PERFORM SUCH TESTS BY THE COMMONWEALTH.

PLUMBER: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

IN CONSIDERATION OF ISSUANCE OF SUCH A PERMIT, I HEREBY AGREE TO COMPLY WITH AND CONFORM TO ALL LAWS, RULES ORDINANCE, GENERAL CONDITIONS OF PERMITS, REGULATIONS AND POLICIES OF THE DALTON FIRE DISTRICT, TOWN OF DALTON, STATE OR FEDERAL GOVERNMENT CONCERNING THE PROPER MAINTENANCE AND OPERATION OF A WATER BACKFLOW PREVENTION DEVICE AS MAY APPLY. I FURTHER AGREE TO HOLD HARMLESS THE SAID DALTON FIRE DISTRICT, THE TOWN OF DALTON AND ITS AGENTS FROM ANY AND ALL LOSS, COST, DAMAGE, OR EXPENSES IN CONNECTION WITH OR CONSEQUENT UPON THE PERFORMANCE OF SAID WORK AND WAIVE ALL CLAIMS FOR DAMAGE IN CASE OF REVOCATION OF ANY PERMIT ISSUED PIRSUANT TO THIS APPLICATION.

(SIGNATURE) **TELEPHONE:** _____

BY: _____ **DATE:** _____
(WATER COMMISSIONER OR APPOINTED AUTHORIZED DELEGATE)

THIS PERMIT EXPIRES AT MIDNIGHT ON: _____

Cc: () WATER () BOARD OF HEALTH () PLUMBING INSPECTOR () BUILDING INSPECTOR () OTHER: _____
684-6124 684-6111 EXT: 20 684-6111 EXT: 27 684-6111 EXT: 27