



**TOWN OF ASHLAND**  
**DEPARTMENT OF PUBLIC WORKS WATER & SEWER DIVISION**  
**20 PONDEROSA ROAD**  
**ASHLAND, MASSACHUSETTS 01721**

**APPLICATION FOR PERMIT TO INSTALL IRRIGATION METER**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Location: \_\_\_\_\_

Type of Structure:

Residential: \_\_\_\_\_

Commercial-Type of Business: \_\_\_\_\_

Industrial-Type of Business: \_\_\_\_\_

Name and Address of Licensed Plumber:

\_\_\_\_\_

License # \_\_\_\_\_ Telephone # \_\_\_\_\_

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the Construction Standards and Rules and Regulations for Water use of the Town of Ashland, and of all other pertinent ordinances or regulations that may be adopted in the future. A brief summary follows:
2. To notify the Department of Public Works when the water system is ready with a forty-eight (48) hours prior notice for inspection. **Inspection fee is \$100.00.**
3. All backflow information must be completed prior to final inspection.
4. Service material requirements shall be ball-valve compression fittings, Neptune meter and radio reader unit, meter must read in cubic feet.
5. All water meters are the homeowner's responsibility for purchase and installation. To be purchased at Ti Sales of Sudbury, MA-Ecoder Meter/Radio.

6. Final inspections will be performed by authorized DPW personnel. Once approved, permit will then be signed off by the Water & Sewer Superintendent.
7. No action will be taken on this application until a fee of **\$100.00** has been paid in full and signed by the superintendent.

AMOUNT PAID: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumber's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumbing Permit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

Please note the schematic must be at least 8 ½ by 11 inches with completed title block.

Submitted by: \_\_\_\_\_

Of: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Plumber Signature: \_\_\_\_\_

Plumber License #: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Departmental Use:**

Comments:

\_\_\_\_\_

\_\_\_\_\_



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**BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

I. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

II. **FACILITY**

(a) Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_

(c) Contact Person/Agent: \_\_\_\_\_

(d) Telephone # of Facility Contact Person: \_\_\_\_\_

(e) New Facility: \_\_\_\_\_  
Existing Facility: \_\_\_\_\_

(f) General description of the type of business or activities carried out at this facility:  
\_\_\_\_\_

III. **DEVICE DATA - DEVICES LISTED ONLY -**

(a) Manufacturer: \_\_\_\_\_ Model No. \_\_\_\_\_

(b) RPBP: \_\_\_\_\_ Double Check Valves: \_\_\_\_\_

(c) Size: \_\_\_\_\_

(d) Hot or Cold Water Unit: \_\_\_\_\_

(e) Location of Device: \_\_\_\_\_

(f) Bypass Arrangement: Yes \_\_\_\_\_ No \_\_\_\_\_

(g) Service Protected: \_\_\_\_\_

- (h) How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valves Assemblies (DCVA) is located in this building? \_\_\_\_\_
- (i) Gate Valves (OS & Y): Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. DEVICE MAINTENANCE & TESTING SCHEDULES**

Describe the maintenance and testing schedule of the above device(s)  
(Please refer to 310 CMR 22.22)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. PLANS REQUIRED**

A fully labeled, detailed schematic of the potable and nonpotable water piping immediately surrounding the backflow prevention device installation showing:

- (1) Height above floor of the device
- (2) Distance from wall of the device
- (3) Type of chemical(s) used (if any) and the type of equipment downstream of the device
- (4) Type of chemical(s) used (if any) and the type of equipment upstream of the device

Please note the schematic must be at least 8 1/2 by 11 inches with completed title block.

Submitted by: \_\_\_\_\_  
Of: \_\_\_\_\_  
Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Plumber Signature: \_\_\_\_\_  
Plumber License #: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**For Departmental Use:**

Comments: \_\_\_\_\_  
\_\_\_\_\_



## ***Town of Ashland, Massachusetts***

*Department of Public Works  
20 Ponderosa Road, 01721-1191*

**John D. Small, DPW Director, 508-532-7941**  
**Roy M. Correia, W/S General Foreman, 508-532-7964**

**Phone (508) 881-0120**  
**Fax (508) 881-0112**

**DATE: March 15, 2017**

### **SUBJECT: IRRIGATION SYSTEMS; EQUIPMENT COMPLIANCE**

To maximize ongoing water conservation efforts, the Town of Ashland is enforcing compliance policies associated with their residents' irrigation systems.

As a reminder:

**On or before July 1, 2016** all irrigation systems shall be equipped with rain gauges and programmable timers set to operate the system within the hours allowed under section §270-5 as noted in link:

<https://ecode360.com/13018247>

**On or before July 1, 2017** all new and existing irrigation systems shall be equipped with the following:

- a. A dedicated irrigation water meter.
- b. A backflow prevention device compliant with 310 CMR 22.22.  
<http://www.mass.gov/eea/docs/dep/service/regulations/310cmr22.pdf>

**Please contact your irrigation company to assist you with compliancy.**

Should you have any questions, please call our phone line: [508-881-0103](tel:508-881-0103) or via email: [dpw@ashlandmass.com](mailto:dpw@ashlandmass.com).

If required to leave a message, please leave your name and phone number so we can return your call.

For additional information visit the following link: <http://www.ashlandmass.com/469/Irrigation-Systems>

Sincerely, Ashland Dept. of Public Works