



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. It is the homeowner responsibility to have the backflow device inspected annually by a certified backflow tester and submit report to the DPW.



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:



TOWN OF ASHLAND
DEPARTMENT OF PUBLIC WORKS WATER & SEWER DIVISION
20 PONDEROSA ROAD
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BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

Date: _____

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) RPBP: _____ Double Check Valves: _____

(b) Serial Number: _____ Model Number: _____

(c) Manufacturer: _____ 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 ½ by 11 inches with completed title block.

Submitted by: _____
Of: _____
Date: _____
Telephone Number: _____

Plumber Signature: _____
Plumber License #: _____

Owner/Agent Signature: _____
Date: _____

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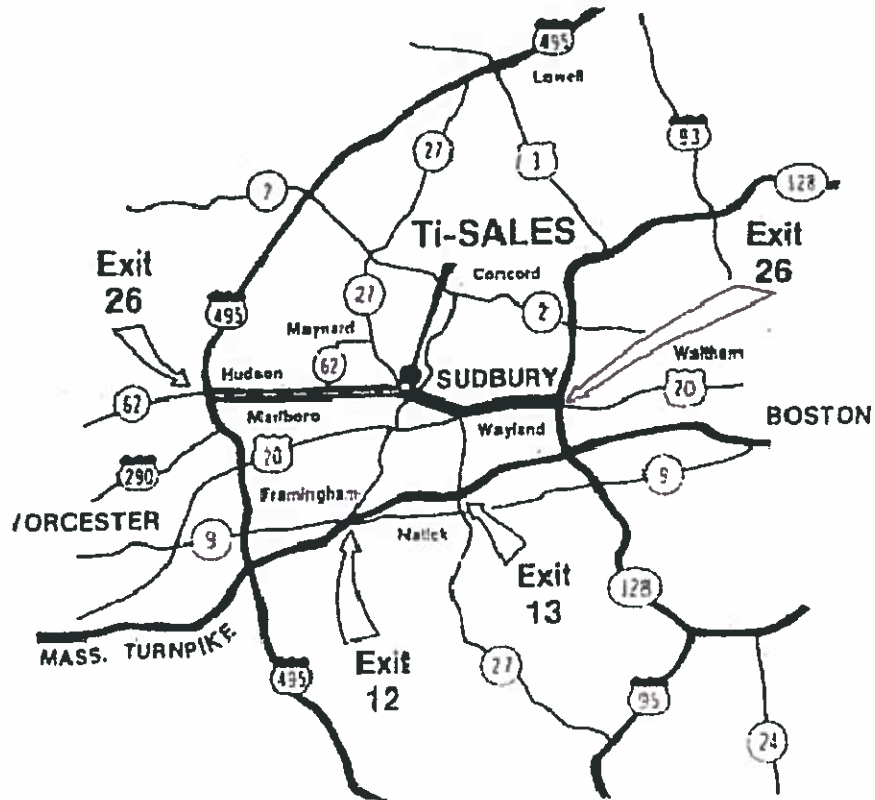
WATER and WASTEWATER SUPPLIES

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We're Easy To Find

Ti-SALES INC.
36 Hudson Road
Sudbury Massachusetts 01776

Ti-SALES is conveniently located halfway
between routes 495 and 128
on route 27 in Sudbury MA.



Our business hours are,
Monday - Friday 7:00 AM to 5:00 PM

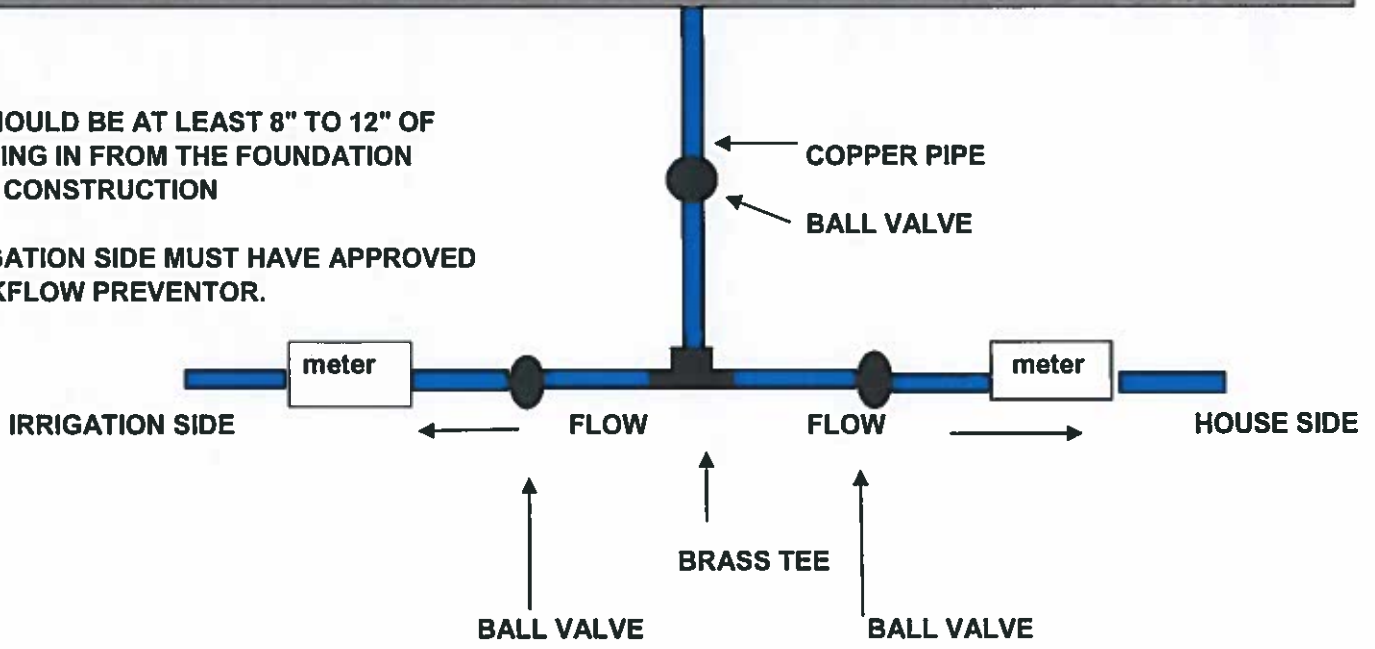
For more detailed directions on how to find us
from your location, give us a call at,
800-225-4616 or 978-443-2002

SAMPLE DIAGRAM

BUILDING FOUNDATION WALL

THERE SHOULD BE AT LEAST 8" TO 12" OF PIPE COMING IN FROM THE FOUNDATION FOR NEW CONSTRUCTION

IRRIGATION SIDE MUST HAVE APPROVED BACKFLOW PREVENTOR.



NO SWEAT FITTINGS ALLOWED BEFORE METER