



COMMONWEALTH OF MASSACHUSETTS  
**TOWN OF ACUSHNET**  
130 MAIN STREET  
OFFICE OF THE  
**DEPARTMENT OF PUBLIC WORKS**  
Phone (508) 998-0230  
Email: [dpw@acushnet.ma.us](mailto:dpw@acushnet.ma.us)

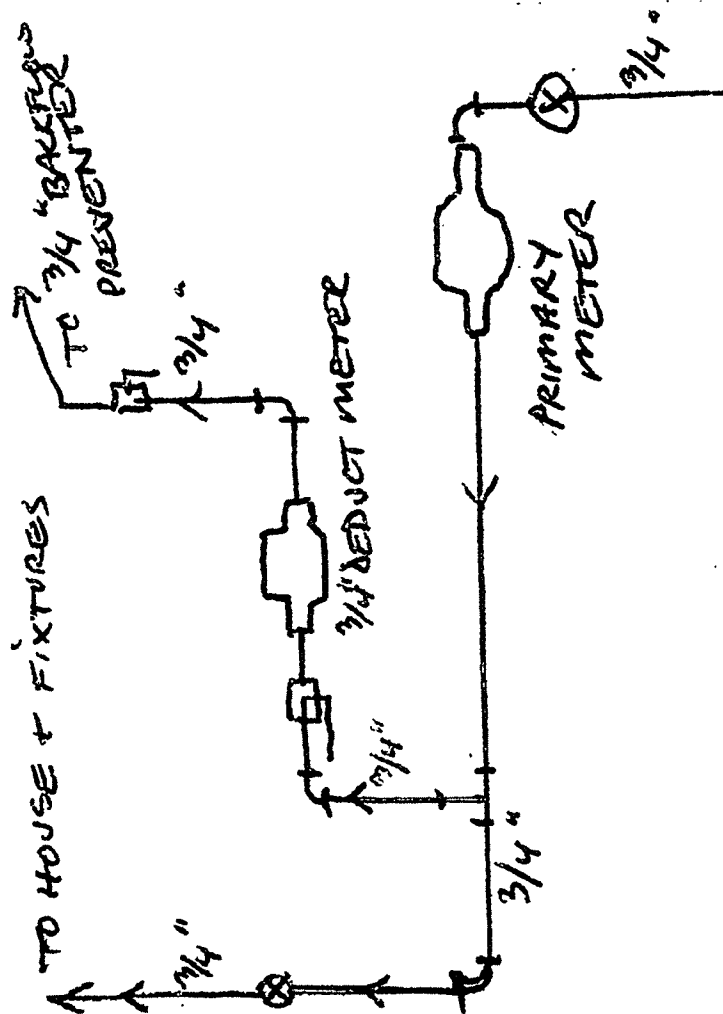
**APPLICATION PROCEDURE  
SECONDARY METER**

All secondary meters in the Town of Acushnet are governed by the following rules and regulations as determined by the Water and Sewer Commissioners.

1. Obtain a plumbing permit from the Plumbing Inspector within the Building department and provide to the Acushnet Water Sewer department located in the DPW office, 130 Main street.
2. Apply for a 'Permit to Install Secondary Meter' within the Acushnet DPW. The permit fee is \$100.
3. Complete and return the application package. A drawing of the proposed meter installation must be included with the application. Please refer to the attached example drawing. Meter is a Zenner 5/8.
4. Receive an approval from the Acushnet DPW to begin installation of the meter. You will need to make an appointment to have the secondary meter installed and all plumbing work inspected by a DPW water technician and/or the plumbing inspector.
5. The DPW and Plumbing inspector approved application and backflow device data sheet must be returned to the DPW office in order to activate the secondary meter.

## **INFORMATION AND INSTALLATION GUIDELINES SECONDARY METER**

1. All primary and secondary meters must be installed in a horizontal plane. Deviation from this method will be approved on a case by case basis by the Acushnet Water Department. Refer to example drawing provided.
2. Both meters must be accessible to the Acushnet Water Department for inspection and repair.
3. Meter will be protected from freezing, vandalism and damages due to exposure.
4. Piping will be supported on each side of meters to allow removal of either or both meters without need for additional support of piping.
5. Water passing through secondary meter will not be allowed to enter the sanitary sewer at any time either directly or indirectly.
6. All secondary meters will require backflow protection of the potable water supply in accordance with DEP Cross Connection Control Regulations of Safe Drinking Water Act.
7. Any primary meter greater than 10 years of age, or found to be in a state of disrepair, will be required to be replaced in accordance with the current practice of the Acushnet Water Department.
8. The secondary meter must be inspected and approved by Acushnet Plumbing Inspector and the Acushnet Water Department for it to be an active meter. Until such inspections and approvals the secondary meter will not be active and no retroactive credits will be issued at later dates.
9. All secondary meter installations will be subject to an annual inspection and a quarterly deduct meter administration fee as established by the Water/Sewer Commissioners. All meters are the property of the Town of Acushnet.
10. The Town of Acushnet Water Department will be notified immediately of any problems observed by the Homeowner of the deduct meter and/or requests to remove the deduct meter.
11. Violations of any rule or provision of these guidelines will be cause for action to be taken by the Acushnet Water Department. Water meter tampering is a felony and the Town of Acushnet will prosecute any individual who deliberately tampers with or attempts to tamper with or effect the normal operation of the water meters.



SKETCH PLAN

**TOWN OF ACUSHNET  
DIVISION OF WATER SUPPLY  
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

II. Owners Name \_\_\_\_\_

Address \_\_\_\_\_

II. FACILITY

(A) Name \_\_\_\_\_

(B) Address \_\_\_\_\_

(C) Contact Person/Agent \_\_\_\_\_

(D) Telephone # of Contact \_\_\_\_\_

(E) New Facility \_\_\_\_\_

(F) General description of the type of business or activities carried out at this location:

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III. DEVICE DATA

(A) Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

(B) RPBP \_\_\_\_\_ DOUBLE CHECK VALVES \_\_\_\_\_

(C) Size \_\_\_\_\_

(D) Hot or Cold Water Unit \_\_\_\_\_

(E) Location of device \_\_\_\_\_

(F) Bypass Arrangement \_\_\_\_\_

(G) Service Protected \_\_\_\_\_

(H) How many other Reduced Pressure Backflow Preventers(RPBP) and Double Check Valves Assemblies(DCVA) are located in this facility? \_\_\_\_\_

(I) Gate Valves (OS & Y)      Yes \_\_\_\_\_ No \_\_\_\_\_

**GUIDELINE FOR SECONDARY METER INSTALLATION**  
**SECONDARY METER INSTALLATION DETAIL INFORMATION**

Failure to complete all requested information will delay approval of this secondary meter installation for billing purposes.

1. Draw all piping details in plan and side view on the reverse side of this sheet or on an attached sheet.
2. Show the meter locations within the building and in relation to the street orientation noting any unusual access problems or other pertinent information.
3. Identify all pipe and device materials and sizes and indicate elevations of the devices in relation to the floor and /or ground elevations.
4. Show the locations and indicate elevations of floor drains, yard drains, irrigation piping, process piping, sanitary piping, and any other utility piping used as a liquid conduit with an existing elevation that places it above the meter installation and/or is visible in the immediate vicinity of the installation. Use additional sheets as needed to show all details.

DATE OF INSTALLATION: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

INSTALLING PLUMBER \_\_\_\_\_ LICENSE # \_\_\_\_\_

METER DEVICE: MAKE \_\_\_\_\_ SIZE \_\_\_\_\_

SERIAL # \_\_\_\_\_ INITIAL READING \_\_\_\_\_

BACKFLOW PROTECTION DEVICE: TYPE:

AIR GAP \_\_\_\_\_ RPBP \_\_\_\_\_ DCVA \_\_\_\_\_ PVB \_\_\_\_\_

MAKE \_\_\_\_\_ SIZE \_\_\_\_\_ SERIAL # \_\_\_\_\_

ADDRESS OF INSTALLATION: \_\_\_\_\_

EXACT LOCATION OF METER: \_\_\_\_\_

LIST ALL CONNECTED OUTLETS AND USES: \_\_\_\_\_

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NAME AND ADDRESS WHERE APPROVAL OR DENIAL IS TO BE SENT:

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ATTN \_\_\_\_\_

#### IV. Device Maintenance and Testing Schedules

Describe the maintenance and testing schedule of the above device(s)

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#### V. PLANS REQUIRED

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

I) height above floor of the device

II) distance from wall of the device

III) type of chemical(s) used(if any) and the type of equipment downstream of the device

IV) 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 a completed title block.

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

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

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

Plumber License \_\_\_\_\_

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

Date \_\_\_\_\_

DPW Approval:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



COMMONWEALTH OF MASSACHUSETTS  
TOWN OF ACUSHNET

PERMIT # \_\_\_\_\_

**SECONDARY METER PERMIT APPLICATION FOR INITIAL INSTALLATION ONLY!!!!**

**TYPE OF USE:** RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

**METER INFO:** TYPE METER \_\_\_\_\_ SERIAL # \_\_\_\_\_

This document certifies that permission is granted to:

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

to connect a second meter at the property address and building location described below:

Property Address \_\_\_\_\_

Building Location Detail \_\_\_\_\_

The secondary meter shall be installed by:

Name \_\_\_\_\_

Address \_\_\_\_\_

License No. \_\_\_\_\_

a licensed master plumber authorized to perform this work and who certifies by signature below that this installation complies with all local ordinances and is in accordance with Massachusetts Plumbing Code.

SIGNATURE OF APPLICANT BELOW SIGNIFIES THAT THE PROPERTY OWNER HAS READ AND UNDERSTANDS THE PROVISIONS SET FORTH IN THE TOWN OF ACUSHNET PUBLISHED GUIDELINES GOVERNING INSTALLATION AND OPERATION OF A SECONDARY METER AND HEREBY AGREES TO ABIDE BY ALL RULES AND REGULATIONS ESTABLISHED BY THE ACUSHNET BOARD OF PUBLIC WORKS.

**REQUIRED CONSENT SIGNATURES:**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner Signature \_\_\_\_\_

(if not same)

**REQUIRED CERTIFICATION SIGNATURES:**

Licensed Plumber Signature \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED APPROVALS:**

Acushnet Water and Sewer Department Signature \_\_\_\_\_

Date \_\_\_\_\_

Acushnet Plumbing Inspector \_\_\_\_\_

Date \_\_\_\_\_