

**Boston Water and  
Sewer Commission**

980 Harrison Avenue  
Boston, MA 02119

617-989-7000  
Fax: 617-989-7712



## **Sewer Abatement Checklist**

The following items must be completed and submitted to Boston Water and Sewer Commission prior to any Sewer Charge Abatement Approval:

- Verify Customer of Record
- Data Design Sheet
- Abatement Form
- Sketch Sheet
- MTU Receipt No.

Submit completed Abatement Package and check to:

Boston Water and Sewer Commission  
Attn: Enforcement  
980 Harrison Avenue  
Boston, MA 02119

Make check payable to:      Boston Water and Sewer Commission

**Boston Water and  
Sewer Commission**

980 Harrison Avenue  
Boston, MA 02119

617-989-7139  
Fax: 617-989-7712



# BOSTON WATER & SEWER COMMISSION

## SEWER ABATEMENT PROGRAM APPLICATION

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

WARD: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**Master Meter Information:**

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
Read: \_\_\_\_\_

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
Read: \_\_\_\_\_

**Discharge Meter Information:**

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Seal #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
Read: \_\_\_\_\_

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Seal #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
Read: \_\_\_\_\_

**Abatement Meter Information:**

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Seal #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
MTU #: \_\_\_\_\_  
Read: \_\_\_\_\_

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)  
Type: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Seal #: \_\_\_\_\_  
Location: \_\_\_\_\_  
MTU Location: \_\_\_\_\_  
MTU #: \_\_\_\_\_  
Read: \_\_\_\_\_

**Backflow Prevention Device:**

Type: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Size: \_\_\_\_\_  
Serial: \_\_\_\_\_  
Location: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seasonal:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Boston Water and  
Sewer Commission**

980 Harrison Avenue  
Boston, MA 02119

617-989-7139  
Fax: 617-989-7712



**BOSTON WATER & SEWER COMMISSION  
SEWER ABATEMENT PROGRAM APPLICATION**

**Discharge Meter Information**

Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ (Cu. Ft.)

Type: \_\_\_\_\_

Serial#: \_\_\_\_\_

Seal#: \_\_\_\_\_

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

MTU Location: \_\_\_\_\_

Read: \_\_\_\_\_

**FOR BWSC USE ONLY**

MTU Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ No. of MTU (s): \_\_\_\_\_ Receipt No.: \_\_\_\_\_

ABATEMENT APPROVAL DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

MTU Receipt No.: \_\_\_\_\_

**Boston Water and  
Sewer Commission**

980 Harrison Avenue  
Boston, MA 02119

617-989-7139  
Fax: 617-989-7122



**SEWER ABATEMENT PROGRAM APPLICATION  
DRAWING SHEET**

---

---

**CUSTOMER NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ **WARD:** \_\_\_\_\_

---

---

**\*\*Drawing does not have to be to scale; Please be as neat and legible as possible\*\***

Sprinkler Fitter's  
Signature: \_\_\_\_\_

Plumber's License # or  
Sprinkler Fitter's License #: \_\_\_\_\_

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

---

---

**FOR BWSC USE ONLY:**

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to:** Boston Water and Sewer Commission  
Enforcement  
980 Harrison Ave.  
Boston, MA 02119

Phone: 617-989-7139  
Fax: 617-989-7122

**Boston Water and  
Sewer Commission**

980 Harrison Avenue  
Boston, MA 02119

617-989-7139  
Fax: 617-989-7122



**BOSTON WATER & SEWER COMMISSION  
BACKFLOW PREVENTER DEVICE DESIGN DATA SHEET**

1. **OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

2. **FACILITY:**

A) Name: \_\_\_\_\_

B) Address: \_\_\_\_\_

C) Account No.: \_\_\_\_\_ Meter No.: \_\_\_\_\_

D) Contact Person/Agent: \_\_\_\_\_

E) Telephone # (Facility or Contact): \_\_\_\_\_

F) New Facility: \_\_\_\_\_ Existing Facility: \_\_\_\_\_ Property Rehabilitation: \_\_\_\_\_

G) General Description of the Type of Business or Activities Conducted at this  
Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **DEVICE DATA:**

1) Manufacturer: \_\_\_\_\_ Model#: \_\_\_\_\_ Size: \_\_\_\_\_

2) RBPB: \_\_\_\_\_ DCVA: \_\_\_\_\_ PVB: \_\_\_\_\_

3) Hot or Cold Water Unit: \_\_\_\_\_

4) Location of Device within the Premises: \_\_\_\_\_

5) By-Pass Arrangement: YES: \_\_\_\_\_ NO: \_\_\_\_\_

6) Type of Shut-off Valve: \_\_\_\_\_ UL or FM Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

7) From What Type of Contamination is the Water Supply  
Protected: \_\_\_\_\_  
\_\_\_\_\_

8) How Many Other RBPB or DCVA Devices are Located at This  
Facility: \_\_\_\_\_

9) Estimated Date of Completion: \_\_\_\_\_