

**Boston Water and
Sewer Commission**

980 Harrison Avenue
Boston, MA 02119

617-989-7000
Fax: 617-989-7718



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: Engineering Customer Services
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

617-989-7299
Fax: 617-989-7759



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: _____

Discharge Meter

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: _____

Backflow Prevention Device:

Type: _____

Manufacturer: _____

Size: _____

Serial: _____

Location: _____

COMMENTS: _____

Seasonal: Yes: _____ No: _____

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

617-989-7299
Fax: 617-989-7759



SEWER ABATEMENT 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 Division
980 Harrison Ave.
Boston, MA 02119

Phone: 617-989-7299
Fax: 617-989-7759

**Boston Water and
Sewer Commission**

980 Harrison Avenue
Boston, MA 02119

617-989-7299
Fax: 617-989-7759



**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: _____