

CROSS CONNECTION PLAN APPROVAL FORM # _____ **DATE** _____

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

SUBJECT TO ANY AND ALL LAWS, REGULATIONS, STANDARDS, GUIDELINES AND POLICIES OF THE DALTON FIRE DISTRICT WATER DEPARTMENT AND ANY TOWN, STATE OR FEDERAL AGENCY, DEPARTMENT OR BODY OTHERWISE HAVING JURISDICTION AND FURTHER SUBJECT TO THE SPECIFIC TERMS, CONDITIONS AND RESTRICTIONS PRINTED OR WRITTEN HEREINBELOW OR ATTACHED, PERMISSION IS HEREBY GRANTED TO:

OWNER INFORMATION

OWNERS NAME: _____

ADDRESS: _____

FACILITY INFORMATION

FACILITY NAME: _____

ADDRESS: _____

CONTACT PERSON / AGENT: _____

TELEPHONE NUMBER OF FACILITY CONTACT PERSON: _____

IS THIS FACILITY _____ NEW OR _____ EXISTING? (CHECK ONE)

DESCRIBE GENERALLY THE TYPE OF BUSINESS OR ACTIVITIES CARRIED OUT AT THIS FACILITY: _____

DEVICE DATA INFORMATION

MANUFACTURER: _____ MODEL NO.: _____

VALVE TYPE: _____ SERIAL NUMBER: _____

RPBP: _____ DOUBLE CHECK VALVE: _____

SIZE: _____ HOT OR COLD WATER UNIT: _____

LOCATION OF DEVICE: _____

BYPASS ARRANGEMENT (YES OR NO): _____

WHAT TYPE OF CONTAMINATION'S IS THE WATER SUPPLY PROTECTED FROM? : _____

HOW MANY OTHER REDUCED PRESSURE BACKFLOW PREVENTERS (RPBP) AND DOUBLE CHECK VALVES ASSEMBLIES (DCVA) ARE LOCATED IN THIS BUILDING? _____

TYPE OF GATE VALVE: (GATE VALVES UNDER FIRE SYSTEMS MUST BE (UL) OR (FM) APPROVED)

Page 1 of 5

DEVICE DATA INFORMATION (CONTINUED)

MANUFACTURER: _____ MODEL NO.: _____

VALVE TYPE: _____ SERIAL NUMBER: _____

RPBP: _____ DOUBLE CHECK VALVE: _____

SIZE: _____ HOT OR COLD WATER UNIT: _____

LOCATION OF DEVICE: _____

BYPASS ARRANGEMENT (YES OR NO): _____

WHAT TYPE OF CONTAMINATION'S IS THE WATER SUPPLY PROTECTED FROM? _____

HOW MANY OTHER REDUCED PRESSURE BACKFLOW PREVENTERS (RPBP) AND DOUBLE CHECK VALVES ASSEMBLIES (DCVA) ARE LOCATED IN THIS BUILDING?: _____

MANUFACTURER: _____ MODEL NO.: _____

VALVE TYPE: _____ SERIAL NUMBER: _____

RPBP: _____ DOUBLE CHECK VALVE: _____

SIZE: _____ HOT OR COLD WATER UNIT: _____

LOCATION OF DEVICE: _____

BYPASS ARRANGEMENT (YES OR NO): _____

FROM WHAT TYPE OF CONTAMINATION'S IS THE WATER SUPPLY PROTECTED? _____

HOW MANY OTHER REDUCED PRESSURE BACKFLOW PREVENTERS (RPBP) AND DOUBLE CHECK VALVES ASSEMBLIES (DCVA) ARE LOCATED IN THIS BUILDING? _____

DEVICE MAINTENANCE

22.22: Cross Connections Distribution System Protection

SEE 310 CMR 22.22 (3 ATTACHED INSERT SHEETS) FOR:

- (1) Maintenance of a Cross Connection
- (2) Owners' Responsibilities
- (3) Installation Approval and Permit Requirements.
- (4) Installation Requirements.
- (5) Enforcement.

TESTING SCHEDULES

REDUCED PRESSURE ZONE DEVICES SHALL BE TESTED EACH APRIL OR MAY AND AGAIN EITHER OCTOBER OR NOVEMBER. TESTING SHALL BE DURING REGULAR BUSINESS HOURS AND AT THE OWNER'S EXPENSE. OWNER SHALL BE RESPONSIBLE FOR PROPER MAINTENANCE AND REPAIR OF ANY SUCH DEVICE IN ACCORDANCE WITH D.E.P. 310 CMR 22.22. THE DISTRICT WILL CALL EACH DEVICE OWNER TO SET UP AN APPOINTMENT FOR THE INSPECTION. AT THE TIME OF THE INSPECTION THE PERMITTEE SHALL PROVIDE THE INSPECTOR WITH AN INTIAL TEST REPORT OF THE DEVICE. ANY SUCH TEST SHALL HAVE BEEN PERFORMED BY A BACKFLOW PREVENTION DEVICE TESTER CERTIFIED AND LICENSED TOO PERFORM SUCH TESTS BY THE COMMONWEALTH.

CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS

A. PLUMBING PLAN:

- 1) Completed title block (name of facility, address, date, preparer, scale, etc.)
- 2) Schematic or blueprint of plumbing system (at least 8/1/2" x 11") using accepted symbols and nomenclature, detailing:
 - Clearances in device installation
 - Location of upstream and downstream shutoff valves
 - Make, model, size and alignment of device
 - Location of potable water lines
 - System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of device involve large or complex plumbing systems, formal prints must be submitted with a Professional Engineers stamp, subject to the description of the reviewing authority.

PLUMBING INSTALLER: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

**DALTON
FIRE
DISTRICT**

(413) 684-6118
(413) 684-0500
(413) 684-6124

20 FLANSBURG AVENUE

DALTON, MA 01226-1409

CROSS CONNECTION PLAN BLACKFLOW DEVICE DRAWING SUBMITTAL PAGE

**DALTON
FIRE
DISTRICT**

(413) 684-6118
(413) 684-0500
(413) 684-6124

20 FLANSBURG AVENUE

DALTON, MA 01226-1409

DEVICE INSPECTION, TESTING

WATER DEPARTMENT WILL NEED 24 HR. NOTICE FOR INSPECTION: CALL: 684-6124 FOR INSPECTION TIME AND DATE

INSPECTION DATE: _____ PASSED: _____ FAILED: _____

BACKFLOW TESTER SIGNATURE: _____

APPROVAL OF CROSS CONNECTION PLANS

CROSS CONNECTION PLANS IS APPROVED: _____

CROSS CONNECTION PLAN IS NOT APPROVED: _____ REASON WHY: _____

APPROVED BY: _____ DATE: _____
(WATER COMMISSIONER OR APPOINTED AUTHORIZED DELEGATE)

DISCLAIMER

IN CONSIDERATION OF ISSUANCE OF APPROVAL, I HEREBY AGREE TO COMPLY WITH AND CONFORM TO ALL LAWS, RULES ORDINANCE, GENERAL CONDITIONS OF PERMITS, REGULATIONS AND POLICIES OF THE DALTON FIRE DISTRICT, TOWN OF DALTON, STATE OR FEDERAL GOVERNMENT CONCERNING THE PROPER MAINTENANCE AND OPERATION OF A WATER BACKFLOW PREVENTION DEVICE AS MAY APPLY. I FURTHER AGREE TO HOLD HARMLESS THE SAID DALTON FIRE DISTRICT, THE TOWN OF DALTON AND ITS AGENTS FROM ANY AND ALL LOSS, COST, DAMAGE, OR EXPENSES IN CONNECTION WITH OR CONSEQUENT UPON THE PERFORMANCE OF SAID WORK AND WAIVE ALL CLAIMS FOR DAMAGE IN CASE OF REVOCATION OF ANY PERMIT ISSUED PIRSUANT TO THIS APPLICATION.

TELEPHONE: _____

(DEVICE OWNER SIGNATURE)

Cc: () WATER () BOARD OF HEALTH () PLUMBING INSPECTOR () BUILDING INSPECTOR () OTHER: _____
684-6124 684-6111 EXT: 20 684-6111 EXT: 27 684-6111 EXT: 27