



# BARNSTABLE FIRE DISTRICT

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## CROSS CONNECTION CONTROL DEVICE PLAN APPROVAL APPLICATION (ONE DEVICE PER APPLICATION)

PUBLIC WATER SUPPLY SYSTEM NAME: **BARNSTABLE FIRE DISTRICT WATER DEPARTMENT**

FACILITY OWNER'S NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

***ALL DEVICES MUST BE INSTALLED IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DRINKING WATER REGULATIONS 310 CMR 22.22***

**\*\*APPLICATION MUST INCLUDE SHOP DRAWINGS OF DEVICE INSTALLATION AND LOCATION, INCLUDING MEASUREMENTS FROM WALLS AND FLOORS\*\***

DEVICE TO BE INSTALLED BY: \_\_\_\_\_

ADDRESS & TELEPHONE #: \_\_\_\_\_

DEVICE MANUFACTURER: \_\_\_\_\_ MODEL #: \_\_\_\_\_ SIZE: \_\_\_\_\_

LOCATION OF DEVICE: \_\_\_\_\_

DESCRIPTION OF CROSS CONNECTION: \_\_\_\_\_  
\_\_\_\_\_

**Please submit application and drawings, with a check in the amount of \$155.00 payable to Barnstable Fire District Water Department, PO Box 546, Barnstable, MA 02630. The fee for plan approval includes Initial Inspection, Initial Testing, and Registration of the device. Thank You!**

-----OFFICE USE ONLY-----

Date of review: \_\_\_\_\_ DEP Approved Device: Y: \_\_\_\_\_ N: \_\_\_\_\_ Approved: Y: \_\_\_\_\_ N: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CROSS CONNECTION PLAN APPROVAL  
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**  
(ONE DEVICE PER SHEET)

***Owner Information:***

Owner Name: \_\_\_\_\_

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

***Facility Name:***

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Contact Person/Agent \_\_\_\_\_

Telephone Number of Contact Person \_\_\_\_\_

Is this facility \_\_\_\_\_ New \_\_\_\_\_ Existing

Describe generally the type of business or activities carried out at this facility: \_\_\_\_\_

***Device Data:***

Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

RPBP \_\_\_\_\_ Double Check Valve \_\_\_\_\_

Size \_\_\_\_\_ Hot or Cold Water Unit \_\_\_\_\_

Location of Device \_\_\_\_\_

Bypass Arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

From what type of contamination is the water supply protected? \_\_\_\_\_

Antifreeze? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Type of Gate Valve (gate valves for fire systems must be UL or FM approved) \_\_\_\_\_

Is device alarmed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type? \_\_\_\_\_

Alarm monitoring company name and phone number \_\_\_\_\_

***Device Maintenance and Testing Schedules:***

Describe the maintenance and testing schedule of the above device(s) (please refer to 310 CMR 22.22):

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***Cross Connection Plan Submittal Requirements:***

**Plumbing Plan:**

1. Completed title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing system (at least 8 ½” x 11”) using accepted symbols and nomenclature, detailing:
  - (a) Clearances in device installation
  - (b) Location of upstream and downstream shutoff valves
  - (c) Make, model, size and alignment of device
  - (d) Location of potable water lines
  - (e) System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

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

Plumber / Agent Signature \_\_\_\_\_

*\*\* In the event the device is being installed on a fire protection system, this Plan Approval Application must be accompanied by a copy of the building permit and approval of the head of the local fire department. \*\**

Sprinkler Fitter/Plumber Signature \_\_\_\_\_

Sprinkler Fitter/Plumber License # \_\_\_\_\_

Signature of Approval of head of local Fire Department \_\_\_\_\_