



Barnstable Fire District Water Department
1841 Phinney's Lane, P.O. Box 546, Barnstable, MA 02630

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):

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 _____