



TOWN OF NORTHBOROUGH
PUBLIC WORKS DEPARTMENT

63 Main Street, Northborough, MA 01532 T: (508) 393-5030 F: (508) 393-6996

CROSS CONNECTION CONTROL DEVICE

DESIGN DATA SHEET

A

Property Owner/Legally Responsible Official: (Please print)

Full Name: _____ Tel.: (____) _____ Including Area Code and Extension
Address: _____ City: _____ State: _____ ZIP: _____

B

Facility Information: (Please print)

Facility Name, Site or Individual: _____ This Facility is: [] New [] Existing
Address: _____ City: _____ State: _____ ZIP: _____

Full Name of Contact Person / Agent: _____ Tel. (____) _____ Including Area Code and Extension

General description of business or activities at this facility: _____

C

Device Data: (Please print)

Manufacturer: _____ Model No.: _____

Device Type: [] Reduced Pressure Backflow Preventer (RPBP) [] Double Check Valve Assembly (DCVA)

Size of Device: _____ [] Hot Water Unit [] Cold Water Unit Bypass Arrangement: [] Yes [] No

Location of Device: _____

Contamination Threat (From what type of contamination is the water supply protected?): _____

Number of Other Devices Located at This Facility: RPBP's: _____ DCVA's: _____ Other: _____

Type of Gate Valves (Gate valves for fire systems must be UL or FM approved): _____

D

Device Maintenance and Testing Schedule: (Please print)

Describe the Maintenance and testing schedule of the device(s) described above. Please refer to 310 CMR22.22.

Reduced Pressure Zones (RPBP) - twice (2x) per year by the Northborough Public Works Department.

Double Check Valve Assemblies (DCVA) - once (1x) per year by the Northborough Public Works Department.



Cross Connection Plan Submittal Requirements: (Please print)

Plumbing Plan:

1. Completed title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or print of plumbing system (at least 8½" x 11") using acceptable 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 installation of device(s) involve large or complex plumbing systems, formal prints must be submitted with a Massachusetts Registered Professional Engineer's stamp, subject to the descriptions of the reviewing authority. Describe the Maintenance and testing schedule of the device(s) described above.

Submitted by: _____

Company: _____ Tel.: (____) _____
Including Area Code and Extension

Address: _____ City: _____ State: _____ ZIP: _____

Signature of Owner / Agent Date: _____



Approval: Northborough Public Works Department

Device is: Approved Not Approved Comment: _____

Full Name (please print) License No.: _____

Signature Date: _____