



# Town of Plymouth Water Department

## Transmittal Form for Permit Application and Payment

### A Application Information

### B Applicant or Legally Responsible Official

Last Name	First Name	Middle Initial
Address		
City/Town	State	Zip Code
Telephone Number (including area code & extension)		Ext.
Contact		

### C Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		
Address		
City/Town	State	Zip Code
Telephone Number (including area code & extension)		Ext.

### D Application Prepared By (if different from section B)

Last Name	First Name	Middle Initial
Address		
City/Town	State	Zip Code
Telephone Number (including area code & extension)		
Contact		

### E Other Related Permits: If you are applying for other permits related to this application, please list them below

Transmittal No.	Category	Description

# Cross Connection Plan Approval

## Backflow Prevention Device Design Data Sheet

### **A** Owner Information

Owner Name

Address

### **B** Facility Information

Facility Name

Address

Contact Person/Agent

Telephone number or facility contact person

Is this facility:       New       Existing? (Check one)

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

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### **C** Device Data

Manufacturer Model No.

RPBP

Double Check Valves

Size

Hot or Cold Water Unit

Location of Device

Bypass Arrangement (yes or no?)

From what type of contamination is the water supply protected?

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

Type of Gate Valve (Gate Valves under fire systems must be UL- or FM- approved)



Account #

# Water Supply Cross Connection Plan Approval

## Backflow Prevention Device Design Data Sheet

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### **C** Device Data (con't.)

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Manufacturer Model No.

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RPBP

Double Check Valves

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Size

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Hot or Cold WaterUnit

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Location of Device

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Bypass Arrangement (yes or no?)

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From what type of contamination is the water supply protected?

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

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Type of Gate Valve (Gate Valves under fire systems must be UL- or FM- approved)

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Manufacturer Model No.

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RPBP

Double Check Valves

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Size

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Hot or Cold WaterUnit

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Location of Device

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Bypass Arrangement (yes or no?)

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From what type of contamination is the water supply protected?

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

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Type of Gate Valve (Gate Valves under fire systems must be UL- or FM- approved)

# Cross Connection Plan Approval

Backflow Prevention Device Design Data Sheet

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## **D** Device Maintenance and Testing Schedules

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

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## **E** Cross Connection Plan Submittal Requirements

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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:
  - 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 installation of device(s) involve large or complex plumbing systems, formal prints must be submitted with a Professional Engineers stamp, subject to the descriptions of the reviewing authority.

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Submitted by

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Of

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Date

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Telephone

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Owner/Agent Signature

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Date

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**Patrick Murphy**  
**Cross Connection Control Coordinator**

**508-326-4996**  
**pmurphy@townhall.plymouth.ma.us**