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**HARWICH WATER DEPARTMENT
CROSS CONNECTION PLAN APPROVAL
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

(ONE DEVICE PER APPLICATION*)

***APPLICATION MUST INCLUDE A DRAWING OF THE DEVICE INSTALLATION AND LOCATION,
INCLUDING MEASUREMENTS FROM WALLS AND FLOORS.**

| | |
|------------------|-------|
| Owner Name | |
| Property Address | |
| Contact | Phone |

Installer Information:

| | |
|----------------------------|-------|
| Device to be installed by: | |
| Contact | Phone |

Device Data:

Is this facility: NEW EXISTING Is this device: NEW REPLACEMENT

Device Type: Reduced Pressure (RP) Double Check (DC) Pressure Vacuum Breaker (PVB)

Bypass Arrangement? Yes No / **Antifreeze?** Yes No / **Water Unit:** HOT COLD

| | | | |
|-------|--------|---------|------|
| Maker | Model# | Serial# | Size |
|-------|--------|---------|------|

Location of Device

What type of contamination is the water supply protected from?

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

Is Device alarmed? YES NO If yes, what type?

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 1/2" 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.

Sprinkler/Plumber Agent Signature

Sprinkler Fitter/Plumber Signature

Sprinkler Fitter/Plumber License #

PLEASE COMPLETE AND RETURN THIS FORM BY ONE OF THE FOLLOWING METHODS:

Mail: Harwich Water Department 196 Chatham Rd, Harwich, MA 02645

Email: billing@harwichwater.com

Fax: 888-774-3557

All devices must be installed in accordance with Commonwealth of Massachusetts drinking water regulations 310 CMR 22.22.

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

Date of review _____ DEP Approved Device: YES NO Approved: YES NO

Authorized by: _____

Comments: