



CROSS CONNECTION CONTROL PLAN APPROVAL BACKFLOW DEVICE DESIGN DATA SHEET

SERVICE# _____

Harwich Water Department
196 Chatham Road, Harwich MA 02645
P: 508-432-0304 | E: water.billing@harwich-ma.gov

APPLICATION MUST INCLUDE A DRAWING OF THE DEVICE INSTALLATION AND LOCATION, INCLUDING MEASUREMENTS FROM WALLS AND FLOORS. ONE DEVICE PER APPLICATION. ALL DEVICES MUST BE INSTALLED IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DRINKING WATER REGULATIONS 310 CMR 22.22.

Location: _____ Location of Device: _____

Owner Name: _____ Installer Name: _____

Contact Person: _____ Contact Person: _____

Owner Phone: _____ Installer Phone: _____

Owner Email: _____ Installer Email: _____

DEVICE DATA							
Is this facility <input type="checkbox"/> New <input type="checkbox"/> Existing				Bypass Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this device <input type="checkbox"/> New <input type="checkbox"/> Replacement				Antifreeze? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this for a Fire Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No				Water Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Device Type: <input type="checkbox"/> Reduced Pressure (RP) <input type="checkbox"/> Double Check (DC) <input type="checkbox"/> Pressure Vacuum Breaker (PVB)							
Maker		Model#		Serial#		Size	
Location of Device				What type of contamination is the water supply protected from?			
Is Device alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?				Type of Gate Valve VALVES FOR FIRE SYSTEMS MUST BE "UL" OR "FM" APPROVED			
Device Maintenance and Testing Schedules DESCRIBE MAINTENANCE & TESTING SCHEDULE OF ABOVE DEVICES (REFER TO 310 CMR 22.22)							

CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS
<input type="checkbox"/> Completed title block (name of facility, address, date, preparer, scale, etc.) <input type="checkbox"/> Schematic or blueprint of plumbing system (>= 8 1/2" x 11") using accepted symbols and nomenclature, incl.: a) Clearances in device installation b) Location of upstream and downstream shut off 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 storage, etc.) When installation of devices involves large or complex plumbing systems, formal prints must be submitted with a professional Engineer's stamp, subject to the description of the reviewing authority.

Sprinkler/Plumber Agent Name: _____ License#: _____

Sprinkler/Plumber Signature: _____ Date: _____

SUBMIT PDF BY EMAIL TO WATER.BILLING@HARWICH-MA.GOV, HAND DELIVER OR MAIL TO 196 CHATHAM RD, HARWICH MA 02645