



CROSS CONNECTION CONTROL PLAN APPROVAL BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

Harwich Water Department

196 Chatham Road, Harwich MA 02645

P: 508-432-0304 | water.billing@harwich-ma.gov

ONE DEVICE PER APPLICATION. ALL DEVICES MUST BE INSTALLED IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DRINKING WATER REGULATIONS 310 CMR 22.22, AND MASSACHUSETTS STATE PLUMBING CODE 248 CMR 2.14.

Location: _____ Install Date: _____
 Owner Name: _____ Installer Name: _____
 Owner Phone: _____ Installer Phone: _____
 Owner Email: _____ Installer Email: _____

SUBMIT: BY EMAIL: water.billing@harwich-ma.gov, HAND DELIVER, OR MAIL TO: 196 CHATHAM RD, HARWICH MA 02645

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				Type of Gate Valve VALVES FOR FIRE SYSTEMS MUST BE "UL" OR "FM" APPROVED			
If yes, what type?							
Device Maintenance and Testing Schedules DESCRIBE MAINTENANCE AND 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") including: <ol style="list-style-type: none"> a) Measurement from wall and floor 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.) <p>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.</p>

Sprinkler/Plumber Name: _____ License#: _____
 Sprinkler/Plumber Signature: _____ Date: _____