



TOWN OF WELLESLEY MASSACHUSETTS

**DEPARTMENT OF PUBLIC WORKS
WATER & SEWER DIVISION**

455 WORCESTER STREET • WELLESLEY, MA 02481

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CROSS CONNECTION PLAN APPROVAL FORM

A. OWNER INFORMATION

Owner Name

Address

Phone #

B. FACILITY INFORMATION

Facility Name

Address

Contact Person

Phone #

Is the facility New or Existing? (Check one)

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

C. CROSS CONNECTION INFORMATION

Degree of hazard: High Moderate Low

Has Containment been Required at the Meter: Yes No

BACKFLOW PREVENTION DEVICE DATA/INFORMATION

Exact location:

Describe what is causing the cross connection:

D. BACKFLOW PREVENTION DEVICE DATA/INFORMATION

Backflow prevention device type (check one): RPZ DCVA PVBA

Device composition: Bronze Iron

Manufacturer	Model	Size	Serial #
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Device Service Condition: Hot Water Cold Water

Bypass Arrangement: Yes No

Valve Type: Ball NRS OS&Y Butterfly

Other _____

E. BACKFLOW PREVENTION DEVICE MAINTENANCE & TESTING

Describe the maintenance and testing schedule of the above backflow prevention device (Please refer to 310 CMR 22.22):

BACKFLOW PREVENTION DEVICE DATA/INFORMATION (Continued)

F. PLUMBING PLAN SUBMITTAL REQUIREMENTS

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:
 - Clearances in device installation
 - Location of upstream and downstream shutoff valves
 - Manufacturer, model, size and alignment of device
 - Location, size, and material (e.g. copper, ductile iron) of potable water lines
 - System, source or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)
 - *No non-potable piping material can be located beyond the protection of the device (e.g. 'black-iron' pipe on the Town-side of the device is prohibited)*

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

PREPARED BY:

Name	Signature	Date
Company's Name	Address	Phone #

REVIEWED BY:

Cross Connection Surveyor's Name	Address	DEP CCS ID#
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APPROVED BY PWS OFFICIAL

Name	Signature	Title	Date
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DEVICE I.D.# _____ (as assigned by the PWS Official)