



TOWN OF WELLESLEY MASSACHUSETTS

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

455 WORCESTER STREET • WELLESLEY, MA 02481

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ASST. SUPERINTENDENT

CROSS-CONNECTION COORDINATOR  
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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:

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**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:

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Describe what is causing the cross connection:

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**D. BACKFLOW PREVENTION DEVICE DATA/INFORMATION**

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

Device composition:             Bronze             Iron

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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):

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**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)*
3. Submit with application a check for \$50 (Fifty Dollars and No Cents) made out to the *Town of Wellesley* for the initial cross connection device test fee.

When installations 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:**

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Name	Signature	Date
Company's Name	Address	Phone #

**REVIEWED BY:**

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

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