



North Raynham Water District
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Water
Commissioners
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Cross-Connection Control Plan Approval
Backflow Prevention Device Data Sheet

A. Owner Information

Owner Name:

Address:

B. Facility Name:

Address:

Contact Person/Agent:

Telephone Number:

Is this Facility New _____ or Existing _____

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

C. Device Data

Manufacturer:

Model No.

RPBP:

Double Check Valves:

Hot ___ or Cold ___ Water Unit

Location of Device:

Bypass Arrangement: Yes ___ or No ___

From what type of contamination is the water supply being protected from?

How many other Reduced Pressure Backflow Preventers (RPBP) and/or Double Check Valve Assemblies (DCVA) are located in this building?

Type of Valves to be used:

D. Cross Connection Plan Submittal Requirements:

Plumbing Plans:

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 detailing:
 - Clearances in device installation.
 - Location of upstream and downstream shutoff valves.
 - Make, Model, Size and Alignment of device.
 - Location of potable water lines.
 - Source of potential contamination.

Submitted by _____ Date _____

Received by: _____ Date _____

EXAMPLE
DRAWING
NOTES:

