

Town of Plainville
Department of Public Works

Highway Operations
PO Box 1717
29 West Bacon Street
Plainville, MA 02762
T: (508) 699-2071



Water & Sewer Operations
PO Box 1565
171 East Bacon Street
Plainville, MA 02762
T: (508) 695-6871
F: (508) 695-6736

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

Describe the general type of business or activities to be carried out at this facility

C: Cross Connection Information

Degree of hazard: ☐ High ☐ Moderate ☐ Low

Has containment been required at the meter: ☐ Yes ☐ No

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Backflow Prevention Device Data/Information

Exact Location: _____

Describe what is causing the cross connection: _____

D: Backflow Prevention Device Data/Information

Backflow Prevention Device (Check one) ☐ RPZ ☐ DCVA ☐ PVBA

Device Composition: ☐ Bronze ☐ Iron

Manufacturer Model Size Serial#

Device Service Design: ☐ 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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F: Plumbing Plan Submittal Requirements

1. Completed title block (name of facility, address, date, prepare, scale etc.)
2. Schematic or blueprint of plumbing system(at least 8 ½" x 11") using accepted symbols and nomenclature detailing:
 - a. Clearance in device installation
 - b. Location of upstream and downstream valves
 - c. Manufacturer, mode, seize, and alignment of device
 - d. Location, size, and material (e.g. copper, ductile) of potable water lines
 - e. System, source, or equipment fed downstream of device, complete with information on a the secondary system (operating pressure, chemical treatment, etc.)
 - f. **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)**

PREPARED BY:

Name	Signature	Date
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Company's Name	Address	Date
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REVIEWED BY

Cross Connection Surveyor's Name	Address	Date
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APPROVAL BY PWS OFFICIAL

Name	Signature	Title	Date
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