# CROSS CONNECTION CONTROL PROGRAM DESIGN DATA SHEET AND PLUMBING PLAN

(Please Use One Form for Each Device)

I. OWNER			
Name:			
Address:			
Telephone Number:			
Fax Number			
Email address			
II. FACILITY			
Name:			
Address:			
Contact Person/Agent:			
Contact Telephone #:			
Contact Email			
New or Existing Facility?			
General description of the type of business	ss or activiti	es carrie	ed out at this facility:
III. DEVICE DATA			
Manufacturer:	_ Model Nu	mber:	
Type: RPBP-	DCVA-		PVB-
Size: Gate Type*:			
Elevated Temperature Device (Y/N)?			
Location of Device:			
Bypass Arrangement (Y/N)?			
From what type of contamination is the v		protecte	ed?
		-	

• Gate Valves for Fire Systems must be UL- or FM- approved

### V. CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS

### Plumbing Plan:

- 1. Completed title block (name of facility, address, date, preparer, scale, etc. see next page)
- 2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11"), using accepted symbols and nomenclature, detailing:
- a. Clearance in device installations;
- b. Location of upstream and downstream shutoff valves
- c. Location of potable water lines
- e. System, source, or equipment fed downstream of device complete with information on the secondary system (operating pressures, chemical treatment, etc.)

Submitted By:		
Of:		
Date:		
Telephone:		
Email address:		
Owner/Agent Signature:		
Date:		

## Completed Design Data Sheets along with <u>current plumbing permit</u> should by mailed/faxed to:

North Brookfield Water Department 14 Bell Rd North Brookfield, MA 01535

#### **Contact Information:**

Phone: 508-867-0207 Fax: 508-867-0224

Email: nbwd@verizon.net

### Sketch of plumbing plan