



# North Raynham Water District

## P.O. Box I

### Raynham, Ma. 02767

Water  
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## Cross-Connection Control Plan Approval

## Backflow Prevention Device Data Sheet

### A. Owner Information

Owner Name:

Address:

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### 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:

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### 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:

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### 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 \_\_\_\_\_