

LINCOLN WATER DEPARTMENT

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CROSS CONNECTION CONTROL PROGRAM DESIGN DATA SHEET AND PLUMBING PLAN

(Please Use One Form for Each Device)

I. OWNER

Name: _____
Address: _____
Control Number: _____

II. FACILITY

A. Name _____
B. Address _____
C. Contact Person/Agent: _____
D. Contact Telephone #: _____
E. New or Existing Facility? _____
F. General description of the type of business or activities carried out at this facility:

III. DEVICE DATA

A. Manufacturer: _____ Model Number: _____
B. Type: RPBP- _____ DCVA- _____ PVB- _____
C. Size: _____ Gate Type*: _____
D. Elevated Temperature Device (Y/N)? _____
E. Location of Device: _____
F. Bypass Arrangement (Y/N)? _____
G. From what type of contamination is the water supply protected? _____

H. How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valve Assemblies (DCVA) or Pressure Vacuum Breaker (PVB) are located in this building?

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

IV. DEVICE MAINTENANCE AND TESTING SCHEDULE

Describe the maintenance and testing schedule of the above device:
(Please refer to 310 CMR 22.22)

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. Make, model, size and alignment of device
 - d. 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: _____

Owner/Agent Signature: _____
Date: _____

Sketch of plumbing plan

