



Westford Water Department

Stephen Cronin, Superintendent
Board of Water Commissioners:
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Cross Connection Plan Approval Backflow Prevention Device Design Data Form

A Owner Information

Owner Name:

Owner Address:

B Facility Information

Facility Name

Facility Address

Contact Person/Agent

Telephone number of facility contact person/agent

Describe general type of business or activities performed at this facility

Hazard Protected by Proposed Backflow Prevention Device

C Device Data

Device Type: Reduced Pressure Zone (RPZ); Double Check (DC); Pressure Vacuum Breaker (PVB)

Manufacturer

Size

Hot or Cold Water Unit

Device Location

Bypass Installed (Y/N)

D Device Testing Schedule

The following is the testing schedule for each type of backflow prevention device:

Reduced Pressure Zone (RPZ) - Semiannual

Double Check - Annual

Pressure Vacuum Breaker - Semiannual

E Plumbing Plan Submittal

The plumbing plan must include the following information:

Completed title block (name of facility, address, date, preparer, scale, etc.)

Schematic or blueprint of plumbing system (at least 8 1/2" x 11") detailing:

Clearance in device installation

Location of upstream and downstream shutoff valves

Make, model, size, and alignment of backflow prevention device

Location of potable water lines

System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of device(s) involve large or complex plumbing systems, formal prints must be submitted with the appropriate MA Professional Engineers stamp.

F Owner/Agent Signature and Review Signatures:

Owner/Agent Signature and Date		
For Westford Water Department Use Only		
Describe any Deficiencies:		
Reviewed By:		
Cross Connection Surveyor Name/Signature/Date	MA Certification No.	Expires
Cross Connection Coordinator Name/Signature/Date		