

Department of Public Works
Cross Connection Program
28 Poplar Street
Gloucester, MA 01930



Cross Connection Coordinator
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CITY OF GLOUCESTER
DEPARTMENT OF PUBLIC WORKS
CROSS CONNECTION CONTROL PROGRAM

BACKFLOW PREVENTER DEVICE - Data Design Sheet

1. **Owner's Name** _____
Owner's Address _____

2. **Facility**
 - A) Name _____
 - B) Address _____
 - C) Contact Person for Facility _____
 - D) Telephone # of Facility or Contact Person _____
 - E) New Facility _____ Existing Facility _____
 - F) Commercial Facility _____ Industrial _____ Residential _____ Other _____
 - G) Type of Business _____
 - H) General description of the type of business activities carried out at this facility (if not residential) _____

3. **Device Data**

A) Manufacturer _____ Model # _____

B) RPZ _____ DCVA _____ Size _____ Serial # _____

C) Is this unit for hot or cold water service _____

D) Where in the facility will the device be located (please try to give a precise description of location) _____

E) Is there a bypass arrangement in place _____ If so please describe _____

F) From what type of contamination or pollution is the water system being protected _____

G) Type of gate valve before & after device _____
(all gate valves on fire systems must be UL or FM approved)

H) How many other RPZ or DCVA devices are in service at this facility _____

4. **Device Maintenance Testing and Inspection Schedule** – Please describe the maintenance, testing and inspection schedule for the above device, refer to Mass State Law 310 CMR 22.22.

5. **Plumbing Diagram Requirements**

A fully labeled, detailed, potable and non-potable water piping surrounding the backflow device installation showing:

A) Height above the finish floor.

B) Distance from walls.

C) Type of equipment downstream of backflow preventer (chemical treatment, dialysis machine, etc.)

D) Make, model, size and alignment of the backflow prevention device.

E) Location of upstream and downstream shutoff valves.

F) Any additional information particular to the backflow device installation that should be reviewed.

The plumbing diagram must be at least 8 1/2" x 11" with a complete title block indicating the name of the facility, address of the facility, data preparer and the scale.

Submitted by: _____

Of: _____

Date: _____

Telephone: _____

Plumber's Signature: _____

Plumber's License #: _____

Owner/Owners' Agent Signature: _____

**To be returned Department of Public Works Cross Connection Coordinator
28 Poplar Street, Gloucester, MA 01930 for review before installation**

FOR CITY USE ONLY:

Comments:

Reviewer's Signature _____

Date: _____

License #: _____ Expiration Date: _____

Copy of Rules and Regulations for the customer to keep

In accordance with the Massachusetts Drinking Water Regulations (310 CMR 22.22) all installations of reduced pressure principle backflow preventers (RPBP or RPZ) which are registered by a Public Water Supply must be tested semiannually by a Mass. Department of Environmental Protection certified backflow tester. Any RPBP which is on line less than 6 months of the year must be tested at least once. The ideal schedule is to have the device tested at least 6 months after the first semiannual Test.

All installations of double check valve assemblies (DCVA) which are registered by Public Water Supply must be tested annually.

The owner has the responsibility to make suitable arrangements so that the inspections of backflow devices and cross connection surveys can be made during regular business hours. They must also provide the necessary labor for the inspection and testing by the certified backflow tester or cross connection surveyor.

INTALLATION DRAWING PAGE