



Town of Belmont

Department of Public Works

Highway • Recreation, Parks & Cemetery • Water
Jay Marcotte MPA
Director

Cross Connection Control Program Backflow Device Design Data Sheet

A. Owner / Representative Information

Name

Address street city state zip

Phone number: _____ email: _____

B. Facility Information

Facility Name

Address: Belmont, MA 02478

Contact Person or Representative

Phone number: _____ email: _____

Type of Facility: Commercial ____ Industrial ____ Institutional ____ Municipal ____

Describe general use: _____

Facility: New ____ or Existing ____

Does facility have existing backflow prevention devices? Yes ____ No ____

Location of existing device(s): _____

C. Device Information

Location of device: _____

Note: All installations must be permitted by the local Plumbing Inspector prior to installation. Please review Massachusetts Department of Environmental Protection's Regulation 310 CMR 22.22 before any installation. You can contact the Belmont DPW Water Division's Cross Connection Coordinator at 617-993-2707.

(Location must meet 310 CMR 22.22(11))

From what type of contamination is the water being protected?
(Cooling tower, chemicals, sprinkler systems, etc.)

Type of backflow device: RPZ ___ DCVA ___ PVB ___ Other ___

Manufacturer: _____ Model number: _____

Serial number: _____ Size: _____ Hot or cold water: _____

By-pass installed: Yes ___ No ___ Device installed on by-pass: Yes ___ No ___

Type of device on by-pass: RPZ ___ DCVA ___ PVB ___ Other _____

Type of gate valves installed: OS&Y ___ Ball ___ Globe ___ Butterfly ___

Tamper proof _____ (for fire systems, valves must be UL or FM approved)

D. Cross Connection Plan Submittal Requirements

Plumbing Plan

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 excepted symbols and nomenclature detailing;
 - a. Clearances in device installation from wall and floor
 - b. Location of upstream and downstream valves
 - c. Make, model, size, and alignment of device (horizontal or vertical)
 - d. Location of potable water line in reference to process water with direction of flow
 - e. Equipment, process or system being protected; cooling tower, fire sprinkler system, irrigation, plating, etc.
 - f. If new facility, formal prints must be submitted with a professional stamp detailing plumbing systems, identifying location(s) of backflow prevention device(s).

Submitted by (signature)

Print Name

Phone number: _____ email: _____

Date _____

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