

## CITY OF NEWBURYPORT DEPARTMENT OF PUBLIC SERVICES WATER AND SEWER DIVISION BUSINESS OFFICE 16C PERRY WAY • P.O. BOX 880 NEWBURYPORT, MA 01950 (978) 465-4420 • (978) 465-9242 (FAX) WSBILLING@CITYOFNEWBURYPORT.COM

## Cross Connection Control Program Design Data Sheet and Plumbing Plan

(Please Use One Form for Each Device and Complete Both Sides)

Owner		
Name:		
Address:		
Control Number:		
Account Number:		
Facility		
A. Name		
B. Address		
C. Contact Person/Agent		
D. Contact Telephone #		
	business or activit	ies carried out at this facility:
F. General description of the type of	business or activit	ies carried out at this facility:
F. General description of the type of  Device Data	business or activit	
F. General description of the type of  Device Data  A. Manufacturer:	business or activit	ies carried out at this facility:  Model Number: PVB
F. General description of the type of  Device Data  A. Manufacturer:		Model Number:
F. General description of the type of  Device Data A. Manufacturer: B. Type: RPBP		Model Number:
Device Data A. Manufacturer: B. Type: RPBP C. Size:	DCVA	Model Number:
F. General description of the type of  Device Data A. Manufacturer: B. Type: RPBP C. Size: D. Elevated Temperature Device	DCVA	Model Number:
F. General description of the type of  Device Data A. Manufacturer: B. Type: RPBP C. Size: D. Elevated Temperature Device E. Location of Device: F. Bypass Arrangement	DCVA (Y/N)?	Model Number:
F. General description of the type of  Device Data A. Manufacturer: B. Type: RPBP C. Size: D. Elevated Temperature Device E. Location of Device:	DCVA (Y/N)?	Model Number:

<sup>\*</sup>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) ٧. **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 ½" by 11"), using accepted symbols and nomenclature, detailing: a. Location of upstream and downstream shutoff valves b. Make, model, size and alignment of device c. Location of potable water lines d. System, source, or equipment fed downstream of device complete with information on the secondary system (operating pressures, chemical treatment, etc.) e. All RPBP, DCVA, & PVB's must be installed in a horizontal configuration. RPBP's and PVB's must be installed between 36" and 48" above finished floor. DCVA's must be installed between 30" and 55" above finished floor. f. Clearance in device installations

Submitted by: _	
Of:	
Date:	
Telephone:	
Owner/Agent Signature:	
Date:	
<del>-</del>	

Completed Design Data Sheets should be delivered/mailed: DPS - Water Division 16C Perry Way Newburyport, MA 01950

Phone: 978-465-4420