



Town of West Springfield Massachusetts
Department of Public Works
Cross Connection Program

Application Completeness Checklist

- The *Transmittal Form* is completed.
- The *Backflow Prevention Device Design Data Sheet* is completed.
- Legible 8 ½" x 11" or larger schematic plan is included.

To Submit the Application Package

- Checklist items above have been completed.
- Send to: Department of Public Works
26 Central Street, Suite 17
West Springfield, MA 01089-2763
Attn: Cross Connection Program



Town of West Springfield Massachusetts
Department of Public Works
Transmittal Form for Permit Application and Payment
Backflow Prevention Device

Application Information

Brief Project Description:

Applicant or Legally Responsible Official

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ Tel #: () _____

Contact: _____

Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ Tel #: () _____

Application Prepared By *(if different from applicant)*

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ Tel #: () _____

Contact: _____

Amount Due: \$0.00 per application, for every additional device \$0.00

Check #: _____ Dollar Amount: _____ Date: _____

Make Check Payable To: **Town of West Springfield**

Mail To: Town of West Springfield DPW, 26 Central, Street Suite 17, West Springfield, MA 01089-2763



Town of West Springfield Massachusetts
Department of Public Works
Cross Connection Plan Approval
Backflow Prevention Device Design Data Sheet

Owner Information

Owner Name

Address

Facility Information

Facility Name

Address

Contact Person/Agent

Telephone number of facility contact person

Is this facility: ____ New or ____ Existing? (check one)

Describe generally the type of business or activities carried out at this facility:

Device Data

Manufacturer

Model Number

RPBP

Double Check Valves

Size

Hot or Cold Water Unit

Location of Device

Bypass Arrangement? (yes or no?)

From what type of contamination is the water supply protected?

How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valves Assemblies (DCVA) are located in this building?

Type of Gate Valve (Gate Valves under fire systems must be UL - or FM - approved.)

(Spaces for additional devices are provided on the next page.)

Device Data (cont.)

Manufacturer

Model Number

RPBP

Double Check Valves

Size

Hot or Cold Water Unit

Location of Device

Bypass Arrangement? (yes or no?)

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How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valves Assemblies (DCVA) are located in this building?

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Type of Gate Valve (Gate Valves under fire systems must be UL - or FM - approved.)

Device Maintenance and Testing Schedules

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

Cross Connection Plan Submittal Requirements

Plumbing Plan:

1. Completed title block (name of facility, date, preparer, scale, ect.)
2. Schematic or blueprint of plumbing system (at least 8 ½" x 11") using accepted symbols and nomenclature, detailing:
 - Clearances in device installation
 - Location of upstream and downstream shutoff valves
 - Make, model, size and alignment of 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, ect.)

When installations of device involve large or complex plumbing systems, formal prints must be submitted with a Registered Professional Engineers stamp, subject to the descriptions of the reviewing authority.

Submitted by

of

Date

Telephone

Owner/Agent Signature

Date