

DEPARTMENT OF PUBLIC WORKS
North Attleborough Water Division
49 Whiting Street, North Attleborough, MA 02760
Telephone (508) 695-7790
CROSS CONNECTION PREVENTION PROGRAM
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

1. OWNER

- A. Name _____
- B. Address _____
- C. Phone Number _____

2. CONTRACTOR

- A. Name _____
- B. Address _____
- C. Phone Number _____
- D. Industrial Use: _____ Commercial Use: _____ Fire Service: _____
Irrigation: _____ Municipal Use: _____ Residential Use: _____

3. FACILITY

- A. Name _____
- B. Address _____
- C. Phone Number _____
- D. Contact Person _____ Phone Number _____
- E. New or Existing Facility? _____
- F. Description of the type of business and function at this facility

4. DEVICE DATA

- A. Manufacturer _____ Model # _____
- B. Type of Device _____
- C. Size _____ Hot or Cold Water Device _____
- D. Exact Location of Device

- E. By-pass arrangement? YES _____ NO _____
- F. From what type of contamination is the water supply protected?

- G. Type of Valves _____

**Devices and valves installed on fire protection service must be UL listed
or FM approved.**

5. For FIRE SERVICE, INDUSTRIAL, COMMERCIAL, RESIDENTIAL, MUNICIPAL USE Plan submittal Requirements

- A. A detailed schematic or blueprint, with a completed title block showing:**
- 1. The plumbing of the potable and nonpotable water immediately surrounding the backflow prevention device.**
 - 2. The type of chemical(s) used and the type of equipment downstream and upstream of the device.**
 - 3. The alignment of the device.**
 - 4. The device height above the floor/ground.**
 - 5. The device distance from the wall(s).**
 - 6. The location of the upstream and downstream shutoff valves.**

Submitted by: _____
Of (business) _____
Phone Number: _____ **Date:** _____
Owner/Agent Signature _____

Water Division Approval
Backflow Surveyor/Tester Name _____
Signature: _____ **Date:** _____

