



# City of Attleboro, Massachusetts

WATER DEPARTMENT  
1296 West Street  
Attleboro, Massachusetts 02703  
Phone 774-203-1850 ♦ Fax 508-223-2271

## APPLICATION FOR BACKFLOW PREVENTION DEVICE PERMIT PLAN REVIEW

Application & Permit Fee: \$50.00

### APPLICANT INFORMATION

Applicant (Facility Name): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### OWNER INFORMATION (if different from applicant):

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### CONTRACTOR OR PLUMBER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Water Department Signature and License Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Water Department Use Only:

Account Number:

Permit Number:



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**DEVICE DATA (Please provide a copy of this page for each device for which you are applying):**

Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_

Device Type\*: RPZ \_\_\_\_\_ DC \_\_\_\_\_ PV \_\_\_\_\_ SV \_\_\_\_\_

Size: \_\_\_\_\_

Device Location (be as specific as possible, i.e. building, room, location in room, etc.):

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Bypass Arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_

From what type of contamination or pollutant will the device be protecting the water supply?

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

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Describe the maintenance and testing schedule for the above device(s).

Please refer to 310 CMR 22.22.

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\*RPZ- Reduced Pressure Zone Assembly  
DC- Double Check Valve Assembly  
PV- Pressure Vacuum Breaker  
SV- Spill Resistant Vacuum Breaker



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## **Cross Connection Plan Submittal Requirements**

- 1.) Completed copy of “Application for Backflow Prevention Device Permit Approval” (Page 1 of packet)
- 2.) Completed copy of “Device Data” (Page 2 of packet) for each new device.
- 3.) Manufacturer’s literature (including pictures) for each new device.
- 4.) Schematic or blueprint of the facility plumbing system (at least 8.5 X 11”) using accepted symbols and nomenclature and detailing:
  - Clearances in device installation(s)
  - Location of upstream and downstream shutoff valves
  - Make, model, size, and alignment of device(s)
  - Location of all potable water lines
  - All equipment fed downstream of device(s)
  - When installation of device(s) involves large or complex plumbing systems, formal prints must be submitted with a Professional Engineer’s stamp, subject to the descriptions of the reviewing authority.
- 5.) The Department requires a \$65.00 testing and inspection fee per backflow prevention device, which will be invoiced after the testing and inspection is completed.
- 6.) The Department may require a cross connection survey of the facility if there has not been a survey performed within the last five years. If the Department does require this survey, the “Cross Connection Survey Application” (page 4 of packet) must be submitted with the rest of the application.
- 7.) For all approved applications, the applicant must inform the Department as soon as possible after the installation of backflow device(s), as testing and inspection must be performed within 14 days of installation. Appointments for this testing must be made within the normal business hours of the Department.



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## CITY OF ATTLEBORO WATER DEPARTMENT POLICY FOR RESIDENTIAL FIRE SYSTEMS

**The Water Department requires that all fire services have their own line from the water main into the building. The “Application for Backflow Prevention Device Permit or Plan Approval” form *must be submitted and approved before any work takes place.* This is in addition to the Water Service Permit.**

If the Department receives a signed, certified letter from the Sprinkler Company stating that the existing domestic water line has been tested and is of adequate size, it can be used. The following conditions apply in this instance:

- The fire service line must be tapped off the water service line before the water meter.
- A new valve must be installed on the water service line at the foundation.
- The fire service line must have a valve right after the tap to isolate the line.
- The domestic water line must have a valve before the water meter to isolate the line.

The Water Department Cross Connection Inspector must inspect and approve the installation. The backflow prevention device will be tested after approval. At the time of approval, the device will be registered with the City Cross Connection Program for annual (or semi-annual) testing.

Domestic Meter

Foundation

**Date:** \_\_\_\_\_

### CROSS CONNECTION SURVEY APPLICATION

The survey is conducted in accordance with the Drinking Water Regulations of the Commonwealth of Massachusetts 310 CMR 22.22, along with the City Ordinance, Chapter 16, Section 13.3. These regulations specifically state that “...no person shall maintain on premises which they own or occupy a physical cross connection between the distribution system and an unapproved source unless the installation has been reviewed and approved by the appropriate reviewing authority.”

Survey Fee: \$85.00 per unit per day

### APPLICANT INFORMATION



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Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## OWNER INFORMATION

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## FACILITY TYPE (check one):

COMMERCIAL: Retail\_\_\_ Restaurant\_\_\_ Garage\_\_\_ Gas Station\_\_\_ Salon\_\_\_ Storage\_\_\_  
Medical Office\_\_\_ Office Space\_\_\_ Other (explain)\_\_\_\_\_

INDUSTRIAL: Manufacturing\_\_\_ Warehouse\_\_\_ Other (explain)\_\_\_\_\_

INSTITUTIONAL: Hospital/Surgical Center\_\_\_ School/Daycare\_\_\_ Nursing home\_\_\_  
Other (explain)\_\_\_\_\_

MUNICIPAL: Explain \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_