



# City Of Attleboro, Massachusetts

DEPARTMENT OF WATER & WASTEWATER

Government Center, 77 Park Street

Attleboro, Massachusetts 02703

508-223-2222 • Fax 508-223-2271

Office 508-222-0019

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

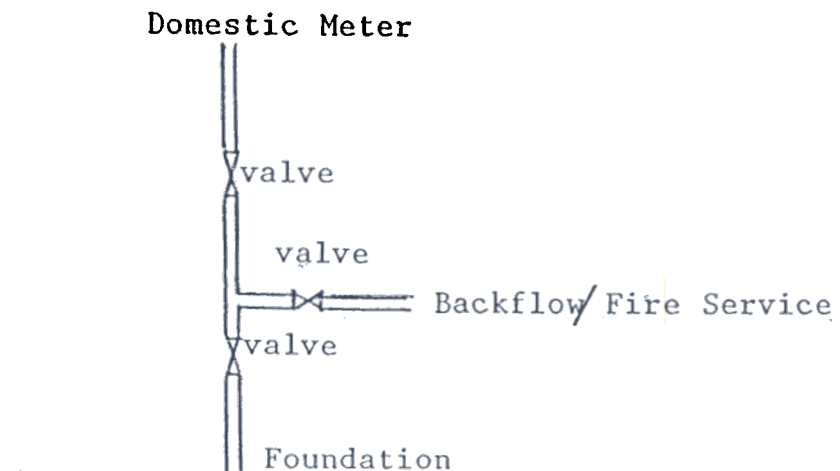
The Water Division requires that the Fire Service have its own line from the water main into the building. The Cross Connection Application Form has to be submitted and approved before any work takes place. This is in addition to the Water Service Permit.

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 are the condition of using the existing line.

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

The Cross Connection Inspector, must inspect and approve the installation. The backflow device will be tested after approval. At time of approval a permit number for the device will be registered with the City Cross Connection Program for annual testing.



**CITY OF ATTLEBORO**  
DEPARTMENT OF WATER AND WASTEWATER  
77 PARK STREET  
ATTLEBORO, MA 02703  
508-222-0019

**CROSS CONNECTION APPLICATION FOR PERMIT OR PLAN APPROVAL**

**PERMIT NO:** \_\_\_\_\_

**APPLICATION:**

Plan Approval      New Device:      Resubmittal      Facility Upgrade:

Applicant: \_\_\_\_\_

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

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

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

**TYPE OF PERMIT:**

Cross Connection Plan Approval: \_\_\_\_\_ New Device Permit: \_\_\_\_\_

**PERMIT FEE:** \$65.00

**CONSULTANT OR PLUMBER:**

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

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

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

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

**APPLICANT SIGNATURE:** \_\_\_\_\_

Signature Superintendent Department of Water and Wastewater: \_\_\_\_\_  
(or Authorized Representative)

Plumbing Inspector: \_\_\_\_\_

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

Cross Connection Inspector: \_\_\_\_\_

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

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**DEVICE DATA**

\_\_\_\_\_  
Manufacturer Model No.

\_\_\_\_\_  
Reduced Pressure Backflow Preventers Double Check Valves

\_\_\_\_\_  
Size

\_\_\_\_\_  
Hot or Cold Water Unit

\_\_\_\_\_  
Location Device

\_\_\_\_\_  
Bypass Arrangement (yes or no)

\_\_\_\_\_  
From what type of contamination is the water supply protected?

\_\_\_\_\_  
How many other Reduced Pressure Backflow Preventers and Double Check Valve Assemblies are located in this building?

\_\_\_\_\_  
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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS**

- A. 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 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 info on the secondary system (operating pressure, chemical treatment, etc)

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

Submitted by \_\_\_\_\_

Of \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**CITY OF ATTLEBORO  
WATER DEPARTMENT  
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 City Ordinance, Chapter 16, Section 13.3. These regulations specifically state "...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 Inspection Fee: \$50.00

Facility: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Survey Information:

Date of Survey: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Owners Representative: \_\_\_\_\_

The owner and or person occupying the facility will receive an official report from the City of Attleboro, Water Department. The report will indicate if any violations were found and corrective action if needed.

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspectors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICATION COMPLETENESS CHECKLIST**

- City form complete
- Legible 8 ½" x 11" or larger schematic plan is included
- Copy to Inspection Department and Department of Water and Wastewater Department  
77 Park Street  
Attleboro, MA 02703