



## TOWN OF SHREWSBURY

Richard D. Carney Municipal Office Building  
100 Maple Avenue  
Shrewsbury, Massachusetts 01545-5338

### **NOTICE TO FACILITY OWNER & INSTALLER**

Each Backflow Device being installed requires a completed Backflow Prevention Device Design Data Sheet (Prior to any Device Installations). This Data Sheet is available at the Plumbing Inspectors Office, 100 Maple Ave. Shrewsbury, Massachusetts 01545

You may also obtain this Data Sheet by visiting our website.

1. Go to [www.shrewsburyma.gov/287/Water-Sewer-Division](http://www.shrewsburyma.gov/287/Water-Sewer-Division)
2. Under Applications & Forms, select *Cross-Connection Data Design Sheet*
3. Fill out the application completely, attach the **Required Drawing** and email/fax to our office for approval.

#### **Important Installation Requirements:**

To avoid having to remove and re-install any device, be sure that devices are installed in the following manner by a Licensed Plumber.

1. Before installing any device, all pipelines shall be thoroughly flushed to remove foreign matter.
2. Devices shall be located so as to permit easy access and provide adequate and convenient space for maintenance, inspections, and testing.
3. Devices and shut-off valves must be installed in a horizontal alignment between 3 and 4 feet from the floor to the bottom of the device and a minimum of 12" from any wall.
4. Once we have approved your Device Design Data Sheet, you may install the device.
5. Once the device has been installed, you must schedule with our office for an inspection.
6. Refer to Mass DEP Cross Connection Control Regulations (310 CMR 22.22) for additional information.

Thank You,

Richard Nolli  
Cross Connection Inspector  
**Office:** (508) 841-8601  
**Cell:** (508) 523-0105  
**Fax:** (508) 841-1567  
**Email:** [rnolli@shrewsburyma.gov](mailto:rnolli@shrewsburyma.gov)

**Cross-Connection/Backflow Preventer Device Design Data Sheet**  
**(ALL FIELDS REQUIRED)**

1. Owner's Name: \_\_\_\_\_

a) Address: \_\_\_\_\_

b) Phone No: \_\_\_\_\_

2. Facility Name: \_\_\_\_\_

a) Address: \_\_\_\_\_

b) Contact Person/ Agent: \_\_\_\_\_

c) Facility or Contact Phone #: \_\_\_\_\_

d) New Facility: \_\_\_\_\_ Existing Facility: \_\_\_\_\_

e) General Description of the Type of Business or Activity Conducted at this Facility:

\_\_\_\_\_  
\_\_\_\_\_

3. Device Data:

a) Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial#: \_\_\_\_\_

b) RPBP: \_\_\_\_\_ DCVA: \_\_\_\_\_

c) Hot Water Device: \_\_\_\_\_ Cold Water Device: \_\_\_\_\_

d) Location of Device within the Premises: \_\_\_\_\_

\_\_\_\_\_

e) By-Pass Arrangement: Yes: \_\_\_\_\_ No: \_\_\_\_\_

f) Type of Shut-off Valve: \_\_\_\_\_

g) From What Type of Contamination is the Water Supply Protected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Piping Schematics Required:

- a) A Fully Labeled, Detailed Schematic of the Potable and Non-potable Water Piping immediately Surrounding the Backflow Prevention Device Installation showing the Following:
  - i) Height above the Finish Floor to the bottom of the device. (Between 3 and 4 feet)
  - ii) Distance from Walls. (Minimum of 12")
  - iii) Type of Equipment or System(s) Downstream of (after) the Backflow Prevention Device. (Chemical Treatment, Operating Pressure, etc.)
  - iv) Manufacturer, Make, Model, Size and Alignment of the Backflow Prevention Device.
  - v) Location of Upstream and Downstream Shut-off Valves.

**\*\*\*\*Device Testing Schedule & Fee\*\*\*\***

**\*\*\*\*\$75.00 per test, including a Retest when a Device Fails\*\*\*\***

**\*\*\*\*Reduced Pressure Zone (RPZ) Twice per year by the SWD\*\*\*\***

**\*\*\*\*Double Check Valve Assembly (DCVA) Once per year by the SWD\*\*\*\***

**\*\*\*\* Please Note that the piping schematic must be at least 8 1/2" x 11" with a completed title block, (Name of Facility, Address, Date, Preparer, Scale, etc.)\*\*\*\***

**\*\*\*\* Please utilize one Data Sheet for each Backflow Prevention Device installation submitted\*\*\*\***

Submitted By: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone#: \_\_\_\_\_

Plumber's Signature or  
Sprinkler Fitter's Signature: \_\_\_\_\_

Plumber's License # or  
Sprinkler Fitter's License #: \_\_\_\_\_

Owner/Owners Agent Signature: \_\_\_\_\_

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Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to: Shrewsbury Water Dept.  
Phone: (508) 841-8601 Cross Connection Office  
Fax: (508) 841-1567  
100 Maple Ave Shrewsbury, Ma 01545