



TOWN OF MAYNARD
Department of Public Works
MUNICIPAL BUILDING
195 Main Street
Maynard, MA 01754
Tel: 978-897-1317 Fax: 978-897-7290
www.townofmaynard-ma.gov

BACKFLOW DEVICE DESIGN DATA AND PLUMBING PLAN

MUST BE SUBMITTED PRIOR TO INSTALLATION

SUBMIT COMPLETED FORM TO:

TOWN OF MAYNARD
DEPARTMENT OF PUBLIC WORKS
195 MAIN STREET
MAYNARD, MA 01754

PROPERTY OWNER INFORMATION:

Owner _____

E-mail _____

Street Address _____

City _____

State _____

Zip Code _____

FACILITY INFORMATION:

Facility Name _____

Street Address _____

City _____

State _____

Zip Code _____

Contact Person _____

E-mail _____

Phone Number _____

Is this Facility: New or Existing (check one)

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

DEVICE DATA:

Exact Device Location

Make	Model	Size	Hot or Cold Water Unit
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Type of Gate Valve

RPBP DCVA PVB By-pass Arrangement Yes No

From what type of contamination is the water supply protected?

CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS:

1. Completed Device Design Data Sheet
2. Schematic or blueprint of plumbing system (at least 8 ½” x 11”) detailing:
 - a. Location of upstream & downstream shut off valves
 - b. Make, model, size and alignment of device
 - c. Location of potable / non-potable water lines
 - d. System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, ect.)
 - e. Add devices must be installed in accordance with 310 CMR 22.22

This Design Data Sheet is only for approval of a backflow device installation. All other permits must be acquired by the respective town offices.

Submitted By

Address

Date	E-mail	Phone / Fax Numbers
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Plumbing Permit #

OFFICE USE ONLY:

APPROVED

DENIED

DIRECTOR OF PUBLIC WORKS

DATE

PLAN #