



**TOWN OF WAYLAND
DEPARTMENT of PUBLIC WORKS
WATER DIVISION**

**66 RIVER ROAD
WAYLAND, MASSACHUSETTS 01778**

BACKFLOW DEVICE DESIGN DATA AND PLUMBING PLAN

MUST BE SUBMITTED PRIOR TO INSTALLATION

SUBMIT COMPLETED FORM TO:

TOWN OF WAYLAND – DEPARTMENT OF PUBLIC WORKS
WATER DIVISION
66 RIVER ROAD
WAYLAND, MA 01778

PROPERTY OWNER INFORMATION:

Owner

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

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

Plumbing Permit #