



TOWN of FALMOUTH
DEPARTMENT OF PUBLIC WORKS, WATER DIVISION
416 GIFFORD ST., FALMOUTH, MASSACHUSETTS 02540
TELEPHONE (508) 457-2543
FAX (508) 548-1537

MATTHEW LANEN
WATER SUPERINTENDENT

EFFECTIVE DATE: January 1, 2024

To: Applicants for CROSS CONNECTION CONTROL DEVICE APPROVALS

RE: APPLICATION REQUIREMENTS and PROCEDURE

- The Application fee is \$200.00 (includes initial test) Checks shall be payable to the “Town of Falmouth”.
- Each backflow device requires its own Application. Only one device per application.
- Complete the attached three page Application Form.
- Completed application shall be either delivered or mailed to

Town of Falmouth – DPW
416 Gifford Street
Falmouth, MA 02540

- Completed applications can also be emailed to kyle.swanstrom@falmouthma.gov
- Please note the following for sprinkler systems
 - If the backflow device is part of a fire protection system the application must be taken by the applicant to the Fire Department for their approval, said approval to be included with the application.
 - If the backflow device is part of a fire protection system the application must have a copy of the building permit for the project included with the application.
- Currently the Town utilizes the Sarian Company, Sandwich, MA for review of applications and for testing and inspection of the installation. The cost of their review and inspection is included in the application fee. Upon receipt of a completed application the DPW will forward the application to Sarian and upon receipt of their review an approval letter will be issued to the applicant by the Town of Falmouth.



Town of Falmouth
Department of Public Works
416 Gifford Street, Falmouth, MA 02540
508-457-2543

CROSS CONNECTION CONTROL DEVICE PLAN APPROVAL APPLICATION

FACILITY OWNER'S NAME: _____

CONTACT NAME: _____ TELEPHONE # _____

FACILITY ADDRESS: _____ FAX # _____

e-mail address: _____

MAILING ADDRESS: _____

ALL DEVICES MUST BE INSTALLED IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS CROSS CONNECTION CONTROL PROGRAM REGULATIONS

"APPLICATION MUST INCLUDE SHOP DRAWINGS OF DEVICE INSTALLATION AND LOCATION, INCLUDING MEASUREMENTS FROM WALLS AND FLOORS"

DEVICE TO BE INSTALLED BY: _____

ADDRESS & TELEPHONE #- _____

DEVICE MANUFACTURER: _____ MODEL #- _____ SIZE: _____

LOCATION OF DEVICE: _____

DESCRIPTION OF CROSS CONNECTION: _____

-----OFFICE USE ONLY-----

Date of review: _____ DEP Approved Device: Y- _____ N- _____ Approved: Y- _____ N- _____

Comments: _____

CROSS CONNECTION PLAN APPROVAL
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

Owner Information:

Owner Name: _____

Mailing Address: _____

Facility Name:

Facility Name: _____

Facility Address: _____

Contact Person/Agent _____

Telephone Number of Contact Person _____

Is this facility _____ New _____ Existing

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

Device Data:

Manufacturer _____ Model Number _____

RPBP _____ Double Check Valve _____

Size _____ Hot or Cold Water Unit _____

Location of Device _____

Bypass Arrangement? _____ Yes _____ No

From what type of contamination is the water supply protected? _____

Antifreeze? _____ Yes _____ No

How many other Reduced Pressure Backflow Preventers (RPBP) and Double Check Valve Assemblies (DCVA) are located in this building? _____

Type of Gate Valve (gate valves for fire systems must be UL or FM approved) _____

Is device alarmed? _____ Yes _____ No If yes, what type? _____

Alarm monitoring company name and phone number _____

Device Maintenance and Testing Schedules:

Describe the maintenance and testing schedule of the above device(s) (please refer to 3 1 0 CMR 22.22):

Cross Connection Plan Submittal Requirements:

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 1 1 ") using accepted symbols and nomenclature, detailing:
 - (a) Clearances in device installation
 - (b) Location of upstream and downstream shutoff valves
 - (c) Make, model, size and alignment of device
 - (d) Location of potable water lines
 - (e) System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of devices involve large or complex plumbing systems, formal prints must be submitted with a professional engineers stamp, subject to the description of the reviewing authority.

Plumber / Agent Signature _____

*** In the event the device is being installed on a fire protection system, this Plan Approval Application must be accompanied by a copy of the building permit and approval of the head of the local fire department. ***

Sprinkler Fitter/Plumber Signature _____

Sprinkler Fitter/Plumber License # _____

Signature of Approval of head of local Fire Department _____