



## **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](http://www.townofmaynard-ma.gov)

**Justin DeMarco**  
**Director of Public Works**

### **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: \_\_\_\_\_

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**DEVICE DATA:**

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**Exact Device Location**

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

RPB P  DCVA  PVB **By-pass Arrangement**  Yes  No

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

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**CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS:**

1. Completed Device Design Data Sheet
2. Schematic or blueprint of plumbing system (at least 8 1/2" 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.**

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**Submitted By**

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**Address**

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Phone / Fax Number	E-mail	Date
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**Plumping Permit #**

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**OFFICE USE ONLY:**

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**APPROVED**

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**DENIED**

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**DIRECTOR OF PUBLIC WORKS**

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**DATE**

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**PLAN #**