



## RESIDENTIAL CROSS CONNECTION APPLICATION

Town of Burlington/DPW  
Town Hall Annex - 25 Center Street  
Burlington, MA 01803  
Tel: 781-270-1670  
Fax: 781-238-4695

LAWN SPRINKLER - New:  Y  N

LAWN SPRINKLER - Existing:  Y  N

SILCOCKS:  Y  N

NEW SECOND METER:  Y  N

### HOME OWNER INFORMATION

LOCATION OF METER: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### PLUMBER/CONTRACTOR INFORMATION

COMPANY NAME: \_\_\_\_\_ TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TEL NO: \_\_\_\_\_

PLUMBER'S EMAIL: \_\_\_\_\_

### BACKFLOW PREVENTION DEVICE INFORMATION

MANUFACTURER: \_\_\_\_\_

TYPE\*: \_\_\_\_\_ MODEL: \_\_\_\_\_

\*If the device is a PVB, indicate the distance/clearance on your attached drawing.

### CROSS CONNECTION PLAN

ON REVERSE SIDE OF THIS SHEET, PLEASE PROVIDE A SCHEMATIC, USING ACCEPTED SYMBOLS AND NOMENCLATURE, DETAILING YOUR PROPOSED INSTALLATION. IT IS IMPORTANT THAT THE SCHEMATIC SHOW EITHER: (1) PRESSURE VACUUM BREAKER INSTALLATION - MUST HAVE A MINIMUM OF 12 INCHES ABOVE THE HIGHEST POINT OF WATER IN A SPRINKLER SYSTEM, OR (2) REDUCED PRESSURE ZONE BACKFLOW ASSEMBLY - ASSEMBLY MUST BE INSTALLED A MINIMUM OF 12 INCHES ABOVE GROUND LEVEL.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

APPROVED BACKFLOW DEVICE  
\_\_\_\_\_  
NOTIFIED PLUMBER/HOMEOWNER  
\_\_\_\_\_  
NOTIFIED PLUMBING INSPECTOR  
\_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

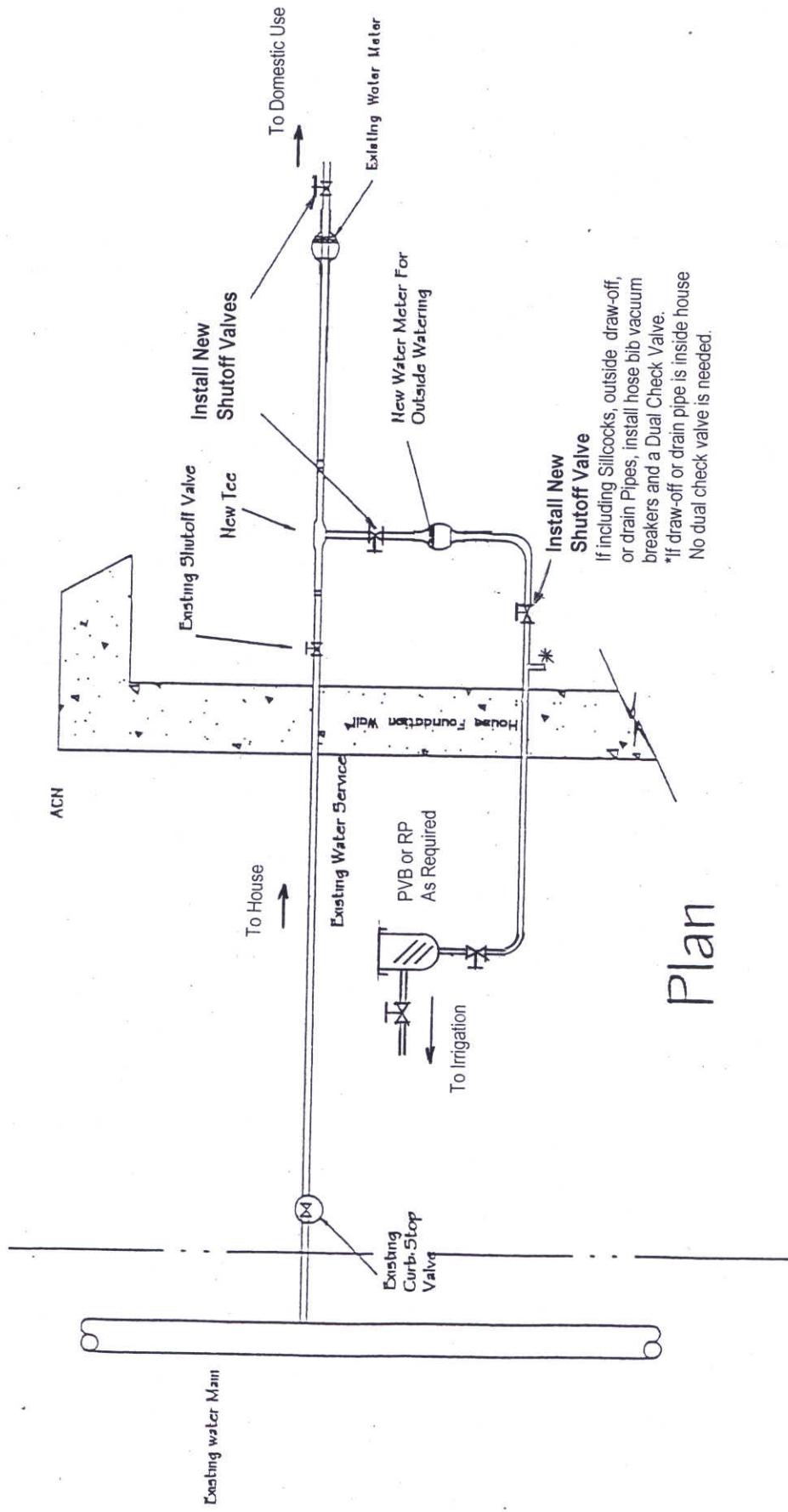
Residential ONLY

"Irrigation"

(Second)

## Water Meter Detail

Street Line



## Plan

Revised 5/31/11