

# CROSS CONNECTION CONTROL PROGRAM



TOWN OF HUDSON  
DEPARTMENT OF PUBLIC WORKS  
1 MUNICIPAL DRIVE  
HUDSON MA 01749

ERIC RYDER  
DIRECTOR

MAX KAMEL  
ASSISTANT DIRECTOR

WATER TREATMENT FACILITY  
978 568 9629

BRIAN GAUTHIER  
ASSISTANT CHIEF OPERATOR



## TOWN OF HUDSON CROSS CONNECTION CONTROL PROGRAM

As per the Town of Hudson's "Cross Connection Ordinance", full containment policy, all Commercial, Industrial, Institutional and Agricultural facilities must have a Backflow Device installed immediately downstream of the water meter and on the potable water main supply to any fire service lines. **All Irrigation Sprinkler Systems are required to have a Reduced Pressure Backflow Prevention Device installed.**

All facilities connected to the Town of Hudson's public water supply shall meet all Commonwealth of Massachusetts regulations related to cross connections and backflow protection.

Only devices that meet the specifications of the American Society of Sanitary Engineering (ASSE), American Water Works Association (AWWA), or University of Southern California (U.S.C.) will be approved.

Attached you will find:

### **ATTACHMENT "A"**

Backflow Prevention Device Design Data Sheet:

Complete and submit a Design Data Sheet(s) (Attachment "A") for each device to be installed. Include a drawing with each Design Data Sheet that clearly details the backflow device installation. This schematic shall be drawn by a licensed plumber (or licensed sprinkler fitter) of your choice. We suggest you retain a copy.

Please forward the Plan and Design Data Sheet(s) for review and approval.

TO: Department of Public Works  
Water Division  
Cross Connection Control  
1 Municipal Drive  
Hudson, MA 01749  
978 562 9333

Once reviewed and disposition determined (within fourteen (14) days of receipt of the plan) you will be notified of the status of the plan. You must also obtain a plumbing permit before commencing this work.

All backflow device installations shall comply with the Commonwealth of Massachusetts, Department of Environmental Protection's Cross Connection Control Regulations – 310 CMR 22.22.

These regulations contain information regarding approved device types and required installation dimensions for the distance from the floor to the bottom of the device and the clearance between the device and the wall.

### **ATTACHMENT "B"**

Town of Hudson's Backflow and Cross Connection Regulations.

#### **FINAL INSPECTION**

1. Request for final inspection of the installation is to be made to the Public Works Gates Pond Water Treatment Facility 978 568 9629.
2. The Public Works will arrange for inspection of the installation and testing of the device(s). Inspection will be done within two (2) working days of request.

3. Within 24 hours, Public Works will notify the customer of the results of the test(s) and inspection.
4. Public Works will then inspect property for water. If approved, will turn on the water.

When the building is completed, a final "Facility Inspection" will be made to confirm that all installations conform to the "Backflow and Cross Connection Rules and Regulations".

PER DEPARTMENT OF ENVIRONMENTAL PROTECTION REGULATIONS

1. Each Reduced Pressure Backflow Preventers (RPZs) shall be tested once a year by the Public Works.
2. The owner must also have one (1) test per year performed by a Backflow Tester licensed by the Commonwealth of Massachusetts on each Double Check valve and each Reduced Pressure Backflow Preventer (RPZ). Routine semiannual tests (one each by the owner and Public Works) on RPZ devices shall not be conducted within five months of each other. Test results and all pertinent information shall be reported on an approved "Backflow Prevention Device Inspection and Maintenance Report Form".
3. Companies performing test(s) must forward copies of these test reports to:
  - a. Town of Hudson Department of Public Works  
1 Municipal Drive  
Hudson, MA 01749
  - b. OWNER
4. The cost of all testing is to be incurred by the Owner.
5. The Owner shall post a copy of the latest test results next to the device.

If you have any question regarding the information within, please contact our office.

Anthony Marques  
Director of Public Works



DEVICE ID (Registration)# \_\_\_\_\_

ATTACHMENT A



**TOWN OF HUDSON  
DEPARTMENT OF PUBLIC WORKS - WATER DIVISION**

Date Received: \_\_\_\_\_  
By: \_\_\_\_\_

**BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

I OWNER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

II FACILITY

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

CONTACT PERSON/AGENT \_\_\_\_\_  
TELEPHONE NO. OF FACILITY CONTACT PERSON \_\_\_\_\_

NEW FACILITY? ☐ EXISTING FACILITY? ☐

GENERAL DESCRIPTION OF THE TYPE OF BUSINESS OR ACTIVITIES CARRIED OUT  
AT THIS FACILITY.  
\_\_\_\_\_  
\_\_\_\_\_

SIZE OF WATER SERVICE: \_\_\_\_\_ INCHES METERED? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

REQUIRED NON-INTERRUPTED WATER SERVICE? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

III DEVICE DATA

MANUFACTURER \_\_\_\_\_

SERIAL NO. \_\_\_\_\_ MODEL NO. \_\_\_\_\_

RPBP \_\_\_\_\_ DOUBLE CHECK VALVES \_\_\_\_\_

SIZE \_\_\_\_\_ HOT OR COLD WATER UNIT \_\_\_\_\_

**IMPORTANT:** Provide manufacturer's literature that verifies this device meets the specifications of the  
American Society of Sanitary Engineering (ASSE), American Water Works Association  
(AWWA), or University of Southern California (U.S.C.).

LOCATION OF DEVICE \_\_\_\_\_

BYPASS ARRANGEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

SERVICES PROTECTED \_\_\_\_\_

HOW MANY OTHER REDUCED PRESSURE BACKFLOW PREVENTERS (RPBP) AND DOUBLE  
CHECK VALVES ASSEMBLIES (DCVA) ARE LOCATED IN THIS BUILDING? \_\_\_\_\_

VALVE TYPE: BALL ☐ O S & Y ☐ OTHER ☐

BUTTERFLY ☐ NRS ☐

PLEASE USE ONE FORM FOR EACH DEVICE

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET - continued

**IV DEVICE MAINTENANCE AND TESTING SCHEDULES**

DESCRIBE THE MAINTENANCE AND TESTING SCHEDULE OF THE ABOVE DEVICE(S).  
(PLEASE REFER TO 310 CMR 22.22)

Double Check valve devices ONCE per Year - By Owner

Reduced pressure Devices TWICE per Year - Once By owner (recommend schedule owner's test the  
same time as Owner has Double Check valves, if any, tested)

Owner's must test Backflow devices on irrigation systems every spring before irrigation  
system is put into service

**V A DETAILED SCHEMATIC OF THE POTABLE AND NONPOTABLE WATER  
PIPING IMMEDIATELY SURROUNDING THE BACKFLOW PREVENTION DEVICE INSTALLATION  
SHOWING:**

I HEIGHT ABOVE FLOOR OF THE DEVICE

II DISTANCE FROM WALL OF THE DEVICE

III TYPE OF CHEMICAL(S) USED (IF ANY) AND TYPE OF EQUIPMENT  
DOWNSTREAM OF THE DEVICE

IV TYPE OF CHEMICAL(S) USED (IF ANY) AND TYPE OF EQUIPMENT  
UPSTREAM OF THE DEVICE.

**NOTE:** THE SCHEMATIC MUST BE AT LEAST 8 1/2 BY 11 INCHES WITH A COMPLETED TITLE  
BLOCK. (A sample schematic is attached)

SUBMITTED BY: \_\_\_\_\_

PRINT / TYPE NAME

\_\_\_\_\_  
SIGNATURE

OF (Company Name) \_\_\_\_\_

DATE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

PLUMBER'S SIGNATURE: \_\_\_\_\_

PLUMBER'S LICENSE # \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRINT / TYPE NAME

SPRINKLER FITTER'S SIGNATURE \_\_\_\_\_

SPRINKLER FITTER'S LICENSE # \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRINT / TYPE NAME

OWNER/AGENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR DEPARTMENTAL USE**

COMMENTS: A repair kit for each Backflow device must be on premises at all times.

REVIEWER'S SIGNATURE: \_\_\_\_\_

Cert #: \_\_\_\_\_

Device Identification Number: \_\_\_\_\_

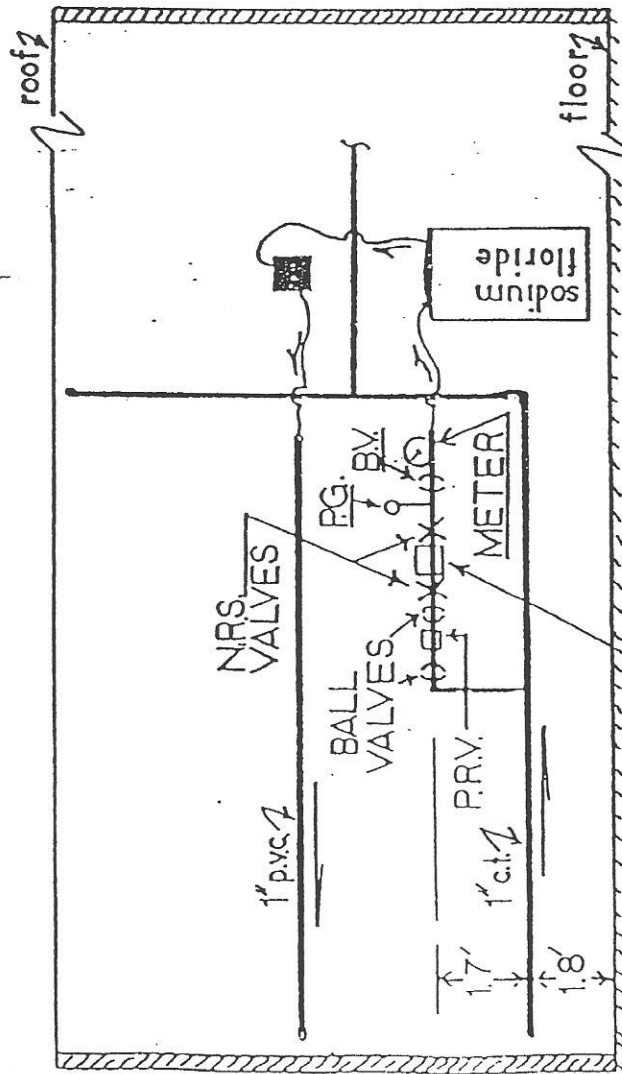
DATE \_\_\_\_\_

Date Plumbing Inspector Notified: \_\_\_\_\_

R.P.B.P.#1

EAST WALL SAMPLE

elevation



FEBCO 825Y  
1" R.P.B.P.

S.N. S7782

CLEARANCES: 3.5' off floor  
8.0' to roof  
12" off wall

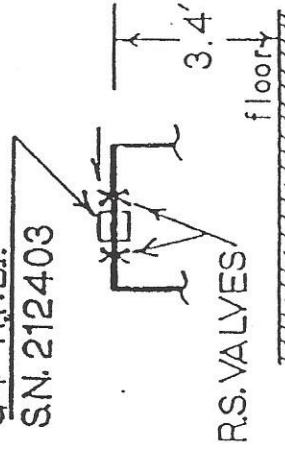
R.P.B.P.#2

EAST SIDE  
EMERGENCY  
ENGINE

WATTS 909

3/4" R.P.B.P.

S.N. 212403



R.P.B.P. CLEARANCES:

3.4' off floor  
8.1' to roof  
6" off engine

CHESNUT #2 WELL  
TOWN OF HUDSON, MA, WATER DEPT.  
ONE MUNICIPAL DRIVE, HUDSON, MA 01749

SCALE: 1"=4' ± APPROVED BY:

DATE: 9-7-89

DRAWN BY

REVISED

LOCATION OF R.P.B.P.'s  
AT CHESNUT #2

PREPARED BY: W.M. WOOD  
M. CRONIN

DRAWING NUMBER