CROSS CONNECTION CONTROL PROGRAM

TOWN OF HUDSON, MASS.
PUBLIC WORKS DEPT.

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

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978 568 9629

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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
TOWN OF HUDSON
DEPARTMENT OF PUBLIC WORKS - WATER DIVISION

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
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 valves 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.

REVIEWSER'S SIGNATURE: ___________________________ Cert #: ___________________________
Device Identification Number: ___________________________ DATE ___________________________

Date Plumbing Inspector Notified: ___________________________