



City of Peabody
Department of Public Services
50 Farm Ave.
Peabody, Massachusetts 01960
(978) 536-5067 • FAX (978) 535 3754

Davis Scribner
Cross Connection Coordinator

BACKFLOW PREVENTOR REQUIRED YES ___ NO ___

DATE ___/___/___

Owner Name _____

Address _____

Contact Name _____ Signature _____

Phone# _____

Facility Name _____

Phone # _____

Address _____

INSTALLATION APPROVAL LETTER

Cross Connection to be protected: _____

DEVICE: MAKE _____ MODEL _____

SIZE _____ TYPE _____

Deadline by which device must be installed: _____

Deadline for notify of Installation _____

Testing will be performed 14 calendar days after installation: _____

Certified: _____

Cross Connection Program Coordinator

The backflow prevention device must be maintained according to requirements set forth by the Massachusetts DEP in CMR 22.22 of the Drinking Water Regulations.