

Dover and Foxcroft Water District
Cross Connection Permit Application

Applicant/Owner

Plant/Establishment

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Contaminant(s): _____

Degree of Hazard: _____ Testing Frequency: _____

Device Information			
Make:	Model:	Size:	Serial No.
Make:	Model:	Size:	Serial No.
Make:	Model:	Size:	Serial No.

 Applicant's Signature

Title: _____

Date: _____

Phone: _____

It is **Owner/Applicant's** responsibility to have devices tested at the frequency indicated on this form. This Permit is non-transferable. Degree of Hazard and Testing Frequency will be determined by the Dover and Foxcroft Water District. Please refer to the Dover and Foxcroft Water District Cross Connection Control Program for more specific details and responsibilities of you and the Dover and Foxcroft Water District.

You can view or request a copy of the program at our office:
 48 Morton Ave. Suite B Dover-Foxcroft, Maine 04426 Phone: 207-564-2310

Please Provide a Sketch of Device Installation on Back of this Form.
 Include pipe sizes, meter location, device location, valves, pressure reducing valves, etc.

Office Use Only

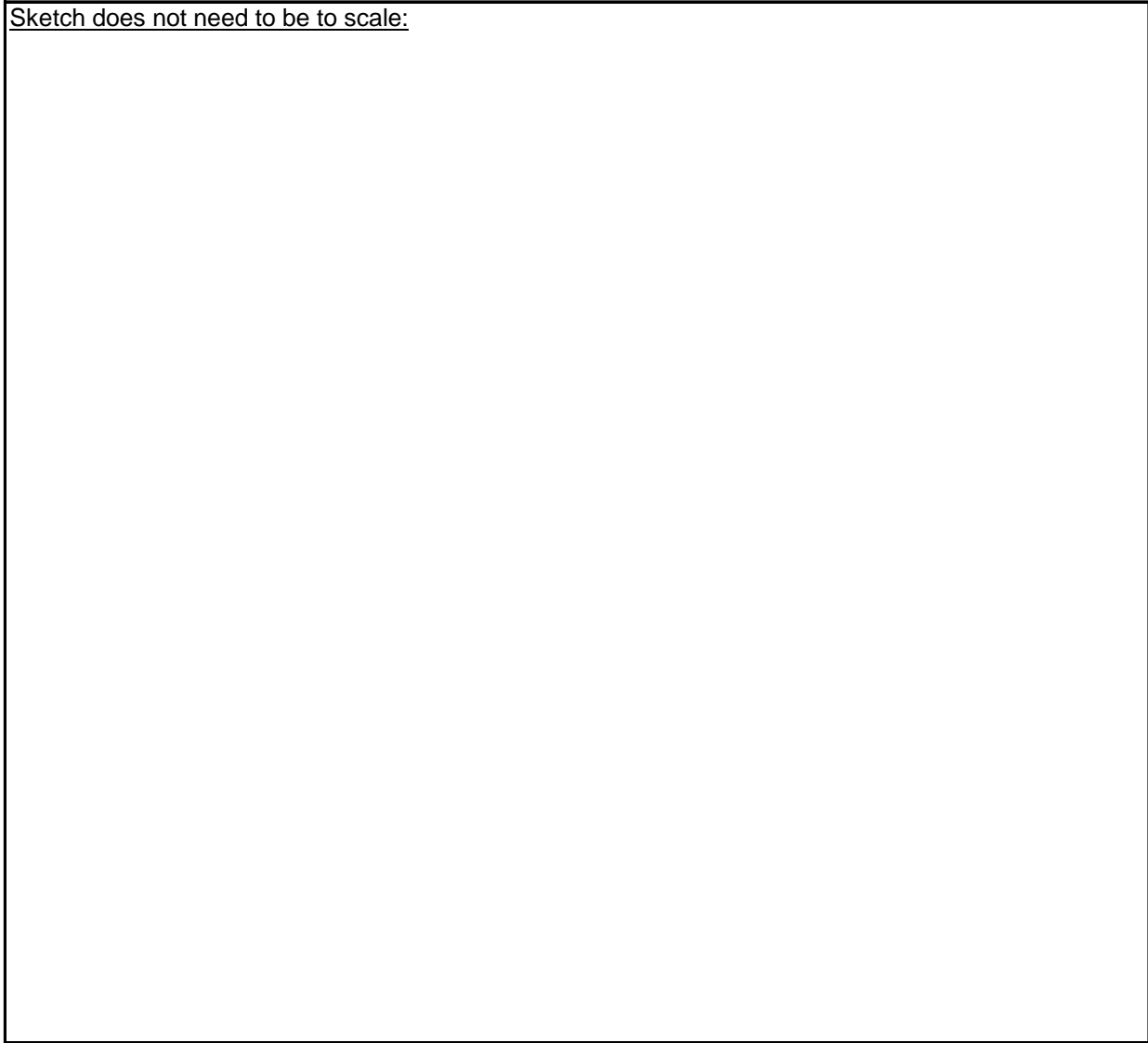
Permit No. _____

Inspection Frequency _____

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Please Provide a Sketch of Device Installation in the Space Provided.
Include pipe sizes, meter location, device location, valves, pressure reducing valves, etc.

Sketch does not need to be to scale:



Comments:

Office Use Only

Permit No. _____

Inspection Frequency _____