



Village of Mineola
Department of Public Works
Water & Sewer Division
Tel: (516) 746-0751
Fax: (516) 746-7634

**REQUEST FOR WATER SERVICE AND
BACKFLOW PREVENTION DEVICE INSTALLATION APPLICATION**

Property Type: Residential Commercial

Property Owner: _____

Property Owner Address: _____

Address of Proposed Installation: _____

Date: _____

Telephone Number: _____

I, _____, have received the attached Water Service Connection Application and I have been provided with instructions for the minimum required plan and information notes required by the Nassau County Department of Health (NCDOH), NCDOH Cross Connection Program Fee Transmittal Form, NCDOH Form No. 347 - Application for Approval of Backflow Prevention Devices, typical installation plan for a residential property Double Check Valve (DCV), and/or the typical installation plan for a commercial property Reduced Pressure Zone (RPZ) device and the New York State Department of Health Report on Test and Maintenance of Backflow Prevention Device Form No. 1013. Further, I have been informed of the Nassau County Code requiring the annual testing of either the DCV or RPZ devices, and shall conform to all installation and annual testing/maintenance requirements contained herein.

Property Owner Signature: _____

Date: _____



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General Information for Domestic Water Service or Fire Service Connections

A. Residential Domestic Water Service Requirements:

1. All new residential water services require the installation of a new, 1 inch water service.
2. All residential building renovations requiring new water service are required to install a new, 1 inch water service.
3. Completion of the Water Service Application and related NCDOH Form No. DOH 347 — Backflow Application for Backflow Prevention Device, NCDOH Cross Connection Control Backflow Device Fee Transmittal Form and NYDOH Form 1013 Report of Testing and Maintenance of Backflow Devices Prevention contained in this package.
4. All water service disconnections or installations require a Plumbing Permit and a Road Opening Permit from the Village of Mineola, Building Department, 155 Washington Avenue, Mineola, (516) 746-0750.
5. All residential water service materials must be purchased from the Mineola Water & Sewer Division. These materials include, but may not be limited to, the following items:
 - A new, 1 inch Water Meter
 - A new, 1 inch Double Check Valve (DCV) backflow prevention device
 - Touch Pad, tail nuts and washers
 - Curb Box and Rod
 - Curb Stop
 - Corporation
 - Saddle
6. An appointment must be made with the Water & Sewer Division to make the water tap on the main for the 1 inch service, unless otherwise agreed to. A requested water service tap larger than 1 inch shall be made by a licensed plumbing contractor or water service installer.
7. Installation of water meter and the testing of Double Check Valve (DCV) Backflow Prevention devices must be completed prior to water service being turned on.
8. Backflow Prevention Devices must be tested annually with the NYSDOH Form 1013 completed, signed and dated by a licensed and qualified Backflow Prevention Tester. All annual backflow prevention device test results must be submitted to the Mineola Water & Sewer Division.



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B. Commercial Water Service and Fire Service Requirements:

1. Commercial domestic water services of varying sizes, shall require Items 3-8 in the Residential Water Service Requirements. The backflow prevention device required shall be a compatibly sized Reduced Pressure Zone (RPZ) device with an approved drainage discharge connection.
2. Commercial Fire Service lines of varying sizes shall require Items 3-8 listed in the Residential Service Water Service Requirements. The backflow prevention device required shall be a compatibly sized Double Check Valve (DCV) backflow prevention device.
3. Commercial Domestic Water Services and Fire Services require maintenance of the water service line and shut off from the valve or shut off connection at the water main.



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Procedure for Backflow Prevention Device Installation

The following procedures for the installation of backflow prevention devices (DCV or RPZ) are in effect since of July 1, 1998. These procedures are required for all backflow prevention device installations. These procedures, and the attached typical plans, are minimum requirements. Some installations may require additional information, forms, plans or requirements.

Step 1: Complete all required information/forms contained in this application this package.

Step 2:

- A. For residential installations, plumbers may use the typical plan for the installation of the Double Check Valve (DCV).
- B. For commercial installations, attached you will find a typical plan for the installation of the Reduced Pressure Zone (RPZ) device that has been pre-approved by NCDOH for use in our service area, if applicable.

Please Note: Any installation that cannot meet the requirements of the typical plan will require separate plans be submitted, reviewed and approved. If required, such plan(s) must be signed, sealed and stamped by a licensed professional engineer or architect.

Step 3: Once package is reviewed and approved, a Plumbing Permit for installation of the device is required from the Village of Mineola Building Department, 155 Washington Avenue, Mineola, (516) 746-0750.

Step 4: Upon installation of the backflow prevention device, you must contact the Mineola Water & Sewer Division for installation inspection. The device must be tested by a qualified backflow tester and the NYSDOH Form 1013 must be completed, signed and submitted to the Mineola Water & Sewer Division.

Important Information:

Failure to follow required initial installation and testing requirements may result in a summons and fine.

Failure to perform the required annual testing of the backflow device and completing the NYSDOH Form No. 1013 to the Village of Mineola Water & Sewer Division may result in a summons and fine.

NASSAU COUNTY MINIMUM PLAN NOTES AND COMMENTS

FOR BACKFLOW DEVICE INSTALLATION PLANS

Please complete the New York State DOH-347 Application for Approval of Backflow Prevention Devices and submit 4 copies of the application/plans with the water supplier's endorsement for approval.

I. Minimum notes required on plans

- _____ A. DCV/RPZ Installation to meet all NCHD and NYSHD requirements.
- _____ B. Devices must not be subject to flooding or freezing.
- _____ C. Piping to be unbranched and unrestricted from main to device except for meter.
- _____ D. Devices must be tested at least annually by a NYSHD certified tester.
- _____ E. Drainage to be positive with effluent visible (RPZ only).

II. Dimensions Required (Provide actual dimensions on plans)

- _____ A. 30" minimum from centerline of device to floor (ALL).
- _____ B. 30" minimum from device to any obstructions (ALL).
- _____ C. 8" minimum from edge of device to wall (ALL).
- _____ D. 18" minimum from relief spout to floor (RPZ only).
- _____ E. Building dimensions (ALL).
- _____ F. Room or pit dimensions - as applicable (ALL).

III. Comments

- _____ A. Device must be immediately after water meter.
- _____ B. P.E. or R.A. seal on plans.
- _____ C. State make, model # and size of device on plans.
- _____ D. Identify premises on plans.
- _____ E. Show two views of device - plan and section.
- _____ F. Show accurate testcock location.
- _____ G. Show grade on all plans.
- _____ H. Drainage details for RPZ must be shown. How will water be disposed of?

- _____ I. Provide site plan (Street, water main, service line, location of meter and device. All service lines must be shown with sizes).
- _____ J. Leave adequate space for NCDH approval stamp.
- _____ K. All material to be submitted in quadruplicate.

Nassau County Department of Health
 Bureau of Environmental Protection
WATER SUPPLY OPERATIONS
CROSS CONNECTION CONTROL PROGRAM
BACKFLOW DEVICE PLAN- FEE TRANSMITTAL FORM

TO: NCDH Fiscal Office
 FROM: Bill Provoncha
 (x.7-9734)
 Room 200 CSD

DATE: / /

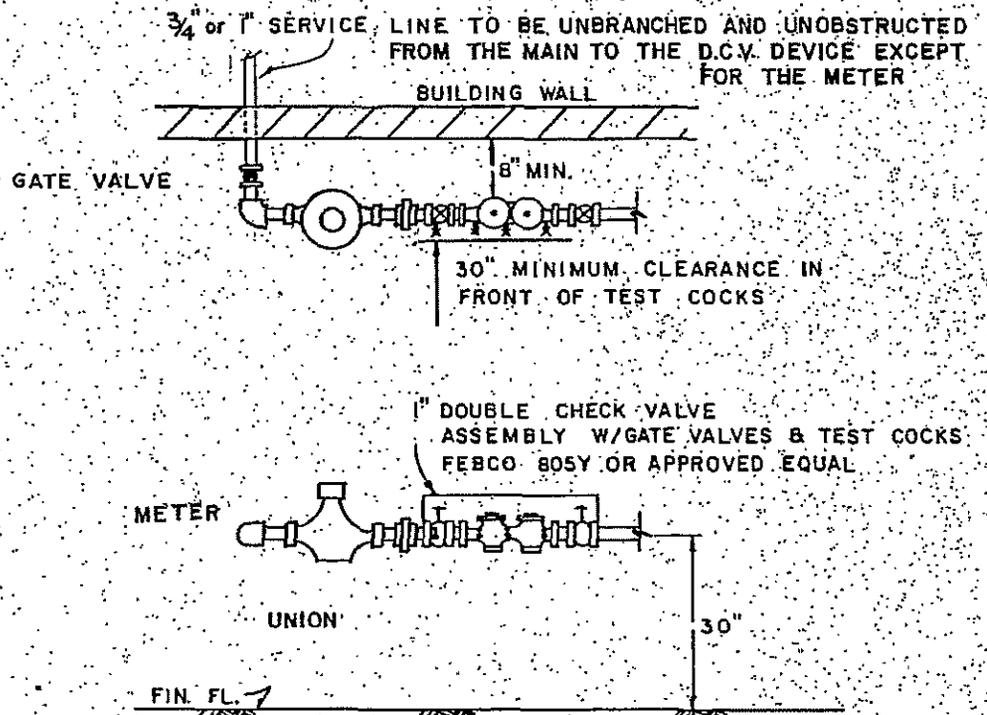
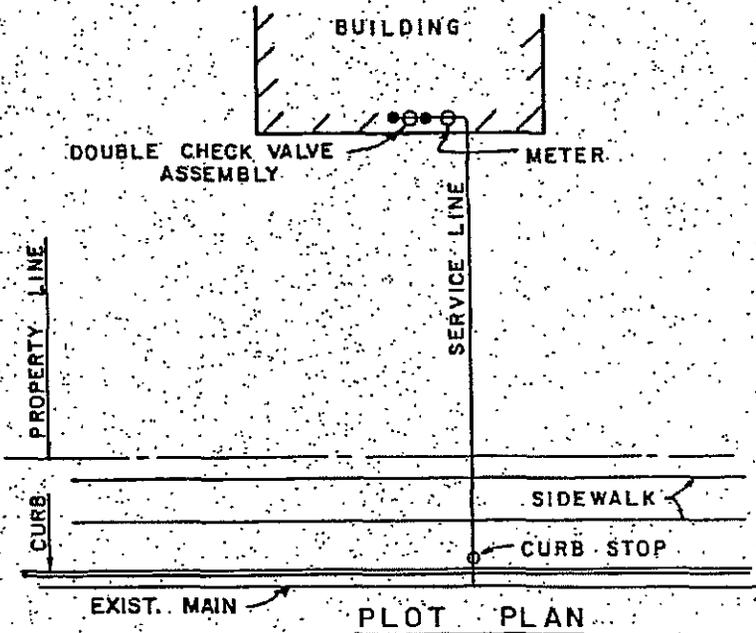
Owner/ Developer:

Facility Name & Location:

Project No.

Water Supplier:

FEE RECEIVED FOR		FEE AMOUNT
Cross Connection Control:	___ Residential DCV - \$140 each	\$
	___ Non Residential DCV - \$275 each	\$
	___ Non Residential RPZ up to 2" - \$275 each	\$
	___ Non Residential RPZ greater than 2" - \$485 each	\$
	___ Expedited Review of Typical Plan - \$125	\$
	___ Expedited Review of Custom Plan - \$250	\$
NET AMOUNT TRANSMITTED		\$



NOTE:
Under N.Y.S. Educational Law Sec. 7209 Sub. 2, it is illegal for any person, unless acting under the direction of a licensed Professional Engineer, to alter any item on these materials in any way. If any item is so altered, the Professional Engineer who so alters or who directs another to so alter, shall affix to the same his seal and the notation "altered by" followed by his signature, the date of the alteration and a specific description of the alteration.

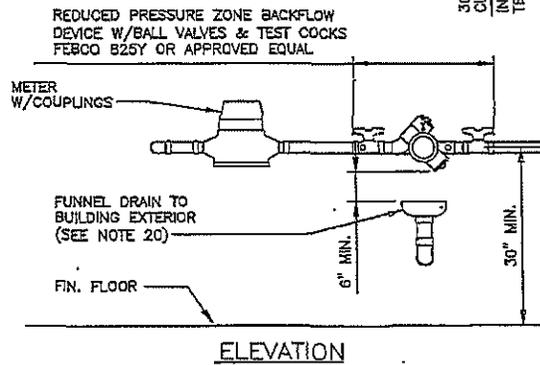
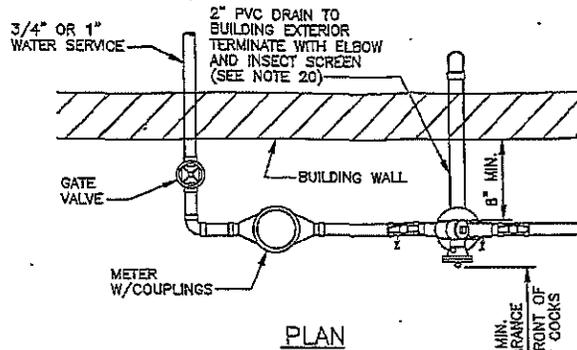
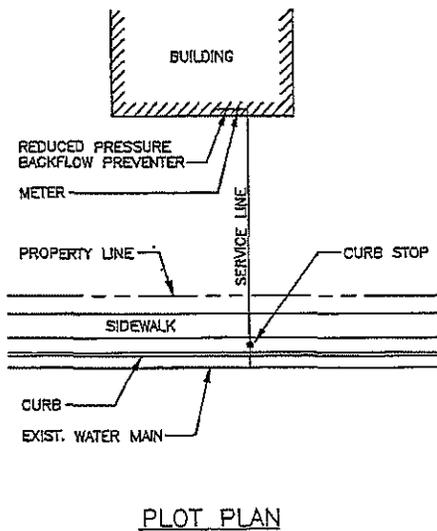
- NOTES:
1. INSTALLATION SHALL MEET ALL N.C.H.D. REQUIREMENTS
 2. DEVICE TO BE TESTED ANNUALLY
 3. DEVICE MUST NOT BE SUBJECT TO FLOODING OR FREEZING
 4. D.C.V. DEVICE TO BE ONE SIZE LARGER WHERE PRESSURE IS LOW OR CRITICAL

3/4" AND 1" SERVICES
TYPICAL INSIDE INSTALLATION
DOUBLE CHECK VALVE ASSEMBLY
BACKFLOW PREVENTION DEVICE
 INCORPORATED VILLAGE OF MINEOLA
 NASSAU COUNTY - NY



DEC. 1983

SIDNEY B. BOWNE & SON
CONSULTING ENGINEERS



REDUCED PRESSURE ZONE BACKFLOW PREVENTION DEVICE W/BALL VALVES & TEST COCKS FEBCO B25Y OR APPROVED EQUAL

SUPPLIED AND INSTALLED BY CUSTOMER

COPPER PIPE - TYPE "K" COPPER PIPE. COPPER PIPING SHALL BE MADE UP WITH WROUGHT OR FORGED COPPER FITTINGS.

BALL VALVES - VALVES SHALL BE ONE-QUARTER TURN BALL VALVES CONFORMING TO AWWA STANDARD C-800 LATEST EDITION (ASTM B-62) AS MANUFACTURED BY FORD, HAYES, McDONALD OR MUELLER.

BACKFLOW PREVENTER - BACKFLOW PREVENTER SHALL BE ADEQUATELY SUPPORTED TO MAINTAIN THE SPECIFIED CLEARANCES.

GENERAL NOTES:

1. IT IS A VIOLATION TO BY-PASS A RECOGNIZED BACKFLOW PREVENTER DEVICE.
2. DEVICE SHALL BE PROTECTED AGAINST FLOODING OR FREEZING.
3. TEST COCKS SHALL NOT FACE WALL AND SHALL BE ACCESSIBLE TO THE TESTER.
4. INSTALLATION OF REDUCED PRESSURE ZONE ASSEMBLY SHALL BE AS SHOWN.
5. THERMAL EXPANSION TANK SHALL BE INSTALLED ON COLD WATER SUPPLY LINE LEADING TO HOT WATER HEATER.
6. INSTALLATION TO MEET ALL NCDOH AND NYSDOH REQUIREMENTS.
7. PIPING TO BE UNBRANCHED AND UNRESTRICTED FROM MAIN TO DEVICE EXCEPT FOR METER.
8. RPZ DEVICE TO BE THE SAME SIZE AS THE SERVICE. ONE SIZE LARGER WHERE PRESSURE IS LOW OR CRITICAL.
9. ALL VALVES TO OPEN COUNTER CLOCKWISE (RIGHT HANDED VALVES).
10. ALL INSTALLATIONS ARE TO CONFORM TO THE VILLAGE OF MINEOLA DEPARTMENT OF WATER RULES AND REGULATIONS, PLUMBING CODES, AND N.Y. STATE HEALTH DEPARTMENT REQUIREMENTS.
11. LAYOUT SHOWN IS APPROXIMATE. ADJUSTMENTS CAN BE MADE TO FIT FIELD CONDITIONS AND JOB REQUIREMENTS UPON THE WATER DEPARTMENT'S APPROVAL. MINIMUM CLEARANCES MUST BE MAINTAINED. ORDER OF PARTS MUST BE MAINTAINED.
12. ALL RPZ ASSEMBLIES SHALL BE TESTED ANNUALLY BY A NYS HEALTH DEPARTMENT APPROVED CERTIFIED TESTER.
13. TEST REPORTS MUST BE SUBMITTED TO BOTH THE VILLAGE OF MINEOLA DEPARTMENT OF WATER AND THE NASSAU COUNTY DEPARTMENT OF HEALTH.
14. INSTALLER TO NOTIFY VILLAGE OF MINEOLA DEPARTMENT OF WATER UPON COMPLETION OF WORK.
15. INSTALLATION TO BE PERFORMED BY A LICENSED PLUMBING CONTRACTOR.
16. NO LEAD SOLDER SHALL BE USED FOR THE INSTALLATION.
17. THE VILLAGE OF MINEOLA DEPARTMENT OF WATER SHALL HAVE UNRESTRICTED ACCESS TO THE METER AND BACKFLOW PREVENTER WITHIN THE BUILDING.
18. ALL BACKFLOW PREVENTERS SHALL BE LISTED IN THE CURRENT PUBLIC WATER SUPPLY ENVIRONMENTAL HEALTH MANUAL FOR THE STATE OF NEW YORK.
19. ALL APPURTENANCES TO BE FURNISHED AND INSTALLED MUST MEET THE SPECIFIED STANDARDS AND THE APPROVAL OF THE VILLAGE OF MINEOLA DEPARTMENT OF WATER.
20. DRAIN SHALL NOT DISCHARGE ON SIDEWALK OR PAVED AREA. IN BASEMENT, PROVIDE UNOBSTRUCTED POSITIVE DRAIN TO NEAREST FLOOR DRAIN TO PREVENT FLOODING.

INCORPORATED VILLAGE OF MINEOLA
DEPARTMENT OF WATER

**3/4" AND 1" SERVICE - TYPICAL INSIDE INSTALLATION
REDUCED PRESSURE ZONE BACKFLOW PREVENTION DEVICE**

DRAWING NO. 1

db Dvirka and Bartilucci
Consulting Engineers
A Division of William F. Casulich Associates, P.C.

DIR: 1004 FILE: 1004-3(ENR-12/17/08)

UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF SECTION 2209 OF THE NEW YORK STATE EDUCATION LAW.

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year _____
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply		Account No.	County	Block	Lot
Facility Name _____ Address _____ Street City Zip			Location of Device _____ _____		
Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in inches)	Serial Number
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Water Meter Number		Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____		

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device meets, does NOT meet, the requirements of an acceptable containment device at the time of testing
 I hereby certify the foregoing data to be correct.

Print Name _____ Certified Tester No. _____ Signature _____ Expiration Date _____/_____/_____

Property owner-s (or owner-s agent) certification that test was performed:

Print Name _____ Title _____ Signature _____ Telephone (____) _____-_____

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log # _____
License Number	Phone ()	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m d y	
Representing	Describe minor installation changes		
Address			
City State Zip			
Signature _____			

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.