Incorporated Village of Bayville Water Department

34 School Street Bayville, NY 11709 • (516) 628-1439 ext.114 • (516) 628-3740 - Fax

Application for Installation of an *Under Ground Irrigation System*

NOTE: No work is to be performed on installations of either the Irrigation System or the Backflow Prevention Assembly until all the plans have been received and approved, in writing, by the Bayville Water Department.

All Information MUST Be Complete

Date: _____/_____/20___ *Account Number: _____

*(Completed by Water Dept.)

Owner's full Name: _____

(First Name) (M.I.) (Last Name)

Address of Premises: _____

Home Ph#: (___)_____ Work#: (___)_____ Email: _____

Owners Address (if different from above): _____

Irrigation System Installer Name: _____ Phone: (___)_____

Installer's Address: _____

Installer's Nassau County License Number: _____

***Please be advised that when submitting this application, a $150.00 processing fee must accompany it.**

The following information must accompany this application

1. Rainfall Sensing Equipment:

   Type: _____ Manufacturer: _____ Size: _____

2. Backflow Prevention Device:

   New: ☐ Existing: ☐ Size: _____

   Make: _____ Model: _____ Date of Latest Test: _____/_____/_____

3. Irrigation System Controller*:

   Manufacturer: _____ Model Number: _____

   *Must have EPA WaterSense label

4. A formal sketch of the irrigation zones, valve vault, and the location and type of sprinkler heads to be installed.

   The formal sketch must include the following:

   A. Dimensions of the site.
   B. All individual zones outlined in dashed lines showing sprinkler heads, piping arrangement, location and size.
   C. Location of meter, backflow prevention device, and irrigation system feed connection to the properties interior plumbing system.

NOTE: **NO** irrigation system is to be tapped out of a water meter pit. All irrigation system feed lines must be tapped out of the structures interior plumbing system. Backflow prevention devices must be installed in accordance with the NCDOH approved plans provided by the Bayville Water Department (enclosed).

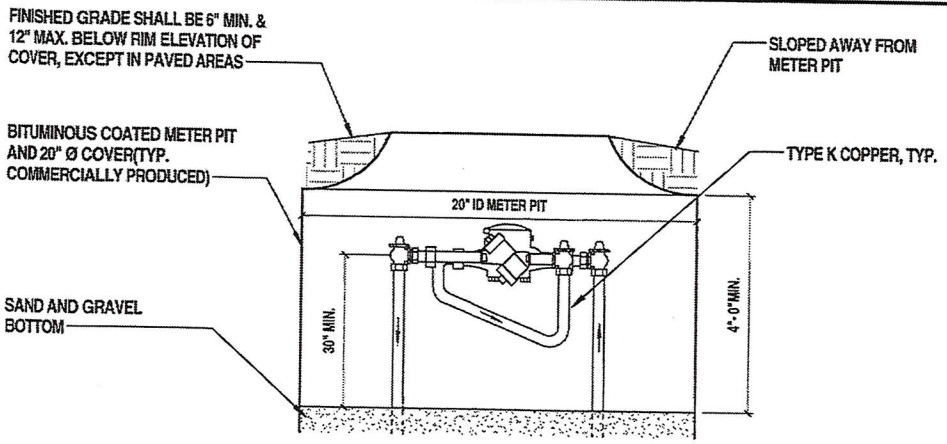
Installations must conform to the Incorporated Village of Bayville Water Department's Standard Drawing Requirements.

The following plans were approved by the Bayville Water Department:

By: _____ Date: _____/_____/_____

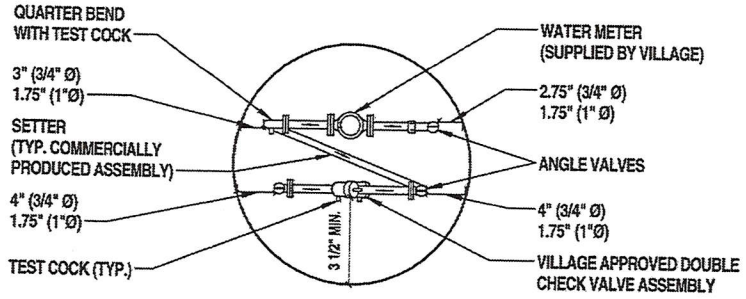
Conditions of Approval:

1. The Bayville Water Department requires that a double check valve be installed at the meter arrangement on the incoming water service line. Pre-approved installation drawings are included in this document. A completed DOH 347 "Application for Approval of Backflow Prevention Devices" from must be filled out and returned. This is a requirement for application approval.
2. Upon completion of installation, a completed DOH-1013 form, "Report on Test and Maintenance of Backflow Prevention Device", must be completed by a certified backflow device tester. This must be forwarded to the Bayville Water Department within thirty (30) days of installation of the device.
3. Notify the Bayville Water Department upon completion of the irrigation system installation to enable our representative to inspect the final installation for compliance with the plans and specifications.



ELEVATION VIEW

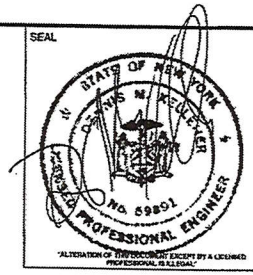
SCALE: NTS



PLAN VIEW

SCALE: NTS

SEAL



NOTIFICATION TO WATER DEPARTMENT

THE PLUMBER SHALL NOTIFY THE WATER SUPERVISOR OF THE INCORPORATED VILLAGE OF BAYVILLE WATER DEPARTMENT (516) 628-1430 x119 AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.

NOTES:

1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE DOUBLE CHECK VALVE ASSEMBLY. BYPASSING OR TAMPERING WITH A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
2. THE BACKFLOW PREVENTION DEVICE SHALL BE INSTALLED AS SHOWN. THE INSTALLATION MUST BE IN CONFORMANCE WITH THE REQUIREMENTS OF THE NYSDOH, NASSAU COUNTY DEPARTMENT OF HEALTH,THE LOCAL WATER SUPPLIER AND LOCAL PLUMBING CODES. DEVIATIONS FROM THE APPROVED PLANS ARE NOT ALLOWED WITHOUT THE WRITTEN APPROVAL OF THE LOCAL WATER SUPPLIER.
3. IT IS THE OWNERS RESPONSIBILITY FOR THE BACKFLOW PREVENTION DEVICE TO BE TESTED AND INSPECTED AT LEAST ANNUALLY BY A NEW YORK STATE CERTIFIED BACKFLOW PREVENTER TESTER WITH RESULTS REPORTED TO THE INCORPORATED VILLAGE OF BAYVILLE AND NASSAU COUNTY ON NEW YORK STATE FORM GEN 215. ADDITIONALLY, AN INITIAL TEST OF THE DEVICE SHALL BE PERFORMED BY SUCH A TESTER PRIOR TO THE DEVICE BEING PLACED INTO SERVICE. NYSDOH FORM DOH1013 "REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE" SHALL BE COMPLETED IN ITS ENTIRETY AND ALL RESULTS SHALL BE FORWARDED TO INCORPORATED VILLAGE OF BAYVILLE.
4. ALL SETTER ASSEMBLIES FOR DCV AND WATER METERS MUST BE APPROVED BY THE VILLAGE PRIOR TO INSTALLATION.
5. DCV DEVICE MUST NOT BE SUBJECTED TO FLOODING OR FREEZING.
6. ALL BACKFLOW PREVENTION (BFP) DEVICES MUST BE APPROVED BY THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) AND THE FOUNDATION FOR CROSS-CONNECTION CONTROL AND HYDRAULIC RESEARCH, UNIVERSITY OF SOUTHERN CALIFORNIA.
7. THE PLUMBER SHALL BE LICENSED BY THE TOWN OF OYSTER BAY AND SHALL BE APPROVED BY THE BAYVILLE WATER DEPARTMENT.
8. CAUTION: A WORKABLE PRESSURE RELIEF VALVE MUST BE MAINTAINED AT ALL TIMES ON THE HOT WATER HEATING SYSTEM ON THIS INSTALLATION.
9. THE BACKFLOW PREVENTION DEVICE SHALL BE INSTALLED TO ALLOW ADEQUATE ACCESS TO THE TEST OUTLETS.
10. THE BACKFLOW PREVENTION WILL CAUSE A DECREASE IN PRESSURE. SEE MANUFACTURER'S FLOW CURVES FOR PRESSURE LOSSES.

NASSAU COUNTY DEPARTMENT OF HEALTH

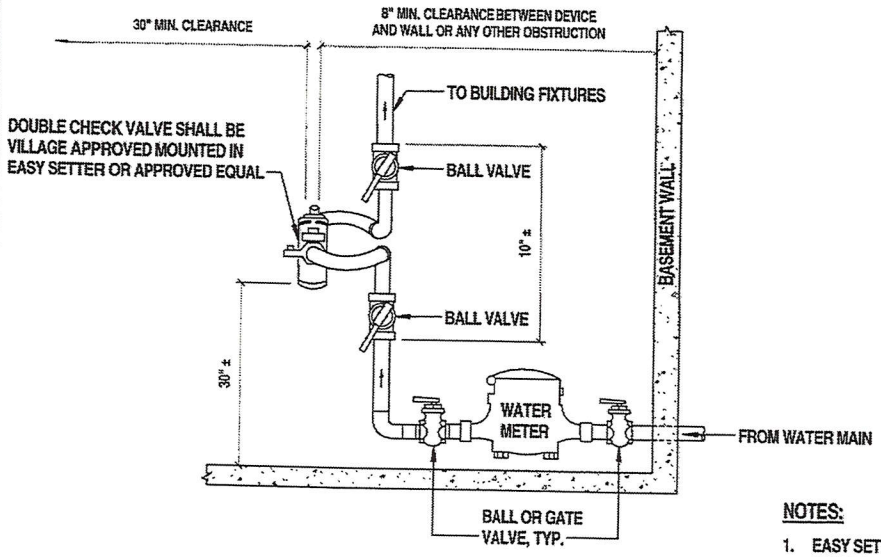
INCORPORATED VILLAGE OF BAYVILLE

3/4" & 1" DOUBLE CHECK VALVE ASSEMBLY STANDARD DETAIL

PIT INSTALLATION

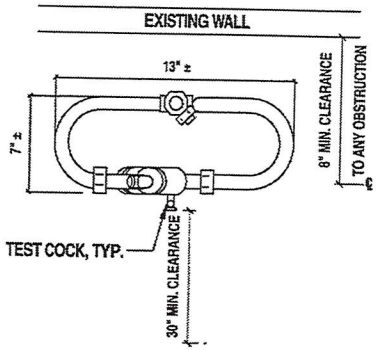
APPROVED BY THE INCORPORATED VILLAGE OF BAYVILLE WATER DEPARTMENT
DATE:_____

2M architects + engineers



ELEVATION VIEW

SCALE: NTS



PLAN VIEW

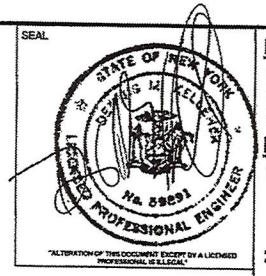
SCALE: NTS

NOTES:

1. EASY SETTER MAY BE OMITTED WHERE MINIMUM INSTALLATION CLEARANCES CAN BE MAINTAINED.
2. ALL SHUTOFF VALVES SHALL CONFORM TO ASTM B61 OR ASTM A126, CLASS B. FURNISH WATER DEPARTMENT WITH VENDOR'S CERTIFICATE OF COMPLIANCE IN ACCORDANCE WITH AWWA C506-SECTION 1.2

NASSAU COUNTY DEPARTMENT OF HEALTH

SEAL



NOTIFICATION TO WATER DEPARTMENT

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NOTES:

1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE DOUBLE CHECK VALVE ASSEMBLY. BYPASSING OR TAMPERING WITH A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
2. THE BACKFLOW PREVENTION DEVICE SHALL BE INSTALLED AS SHOWN. THE INSTALLATION MUST BE IN CONFORMANCE WITH THE REQUIREMENTS OF THE NYSDOH, NASSAU COUNTY DEPARTMENT OF HEALTH,THE LOCAL WATER SUPPLIER AND LOCAL PLUMBING CODES. DEVIATIONS FROM THE APPROVED PLANS ARE NOT ALLOWED WITHOUT THE WRITTEN APPROVAL OF THE LOCAL WATER SUPPLIER.
3. IT IS THE OWNERS RESPONSIBILITY FOR THE BACKFLOW PREVENTION DEVICE TO BE TESTED AND INSPECTED AT LEAST ANNUALLY BY A NEW YORK STATE CERTIFIED BACKFLOW PREVENTER TESTER WITH RESULTS REPORTED TO THE INCORPORATED VILLAGE OF BAYVILLE AND NASSAU COUNTY ON NEW YORK STATE FORM GEN 215. ADDITIONALLY, AN INITIAL TEST OF THE DEVICE SHALL BE PERFORMED BY SUCH A TESTER PRIOR TO THE DEVICE BEING PLACED INTO SERVICE. NYSDOH FORM DOH1013 "REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE" SHALL BE COMPLETED IN ITS ENTIRETY AND ALL RESULTS SHALL BE FORWARDED TO INCORPORATED VILLAGE OF BAYVILLE.
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5. DCV DEVICE MUST NOT BE SUBJECTED TO FLOODING OR FREEZING.
6. ALL BACKFLOW PREVENTION (BFP) DEVICES MUST BE APPROVED BY THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) AND THE FOUNDATION FOR CROSS-CONNECTION CONTROL AND HYDRAULIC RESEARCH, UNIVERSITY OF SOUTHERN CALIFORNIA.
7. THE PLUMBER SHALL BE LICENSED BY THE TOWN OF OYSTER BAY AND SHALL BE APPROVED BY THE BAYVILLE WATER DEPARTMENT.
8. CAUTION: A WORKABLE PRESSURE RELIEF VALVE MUST BE MAINTAINED AT ALL TIMES ON THE HOT WATER HEATING SYSTEM ON THIS INSTALLATION.
9. THE BACKFLOW PREVENTION DEVICE SHALL BE INSTALLED TO ALLOW ADEQUATE ACCESS TO THE TEST OUTLETS.
10. THE BACKFLOW PREVENTION WILL CAUSE A DECREASE IN PRESSURE. SEE MANUFACTURER'S FLOW CURVES FOR PRESSURE LOSSES.
11. SHUT-OFF VALVES ON DCV DEVICE MUST BE RESILIENT SEAT AND BE BY SAME MANUFACTURER AS DCV DEVICE.

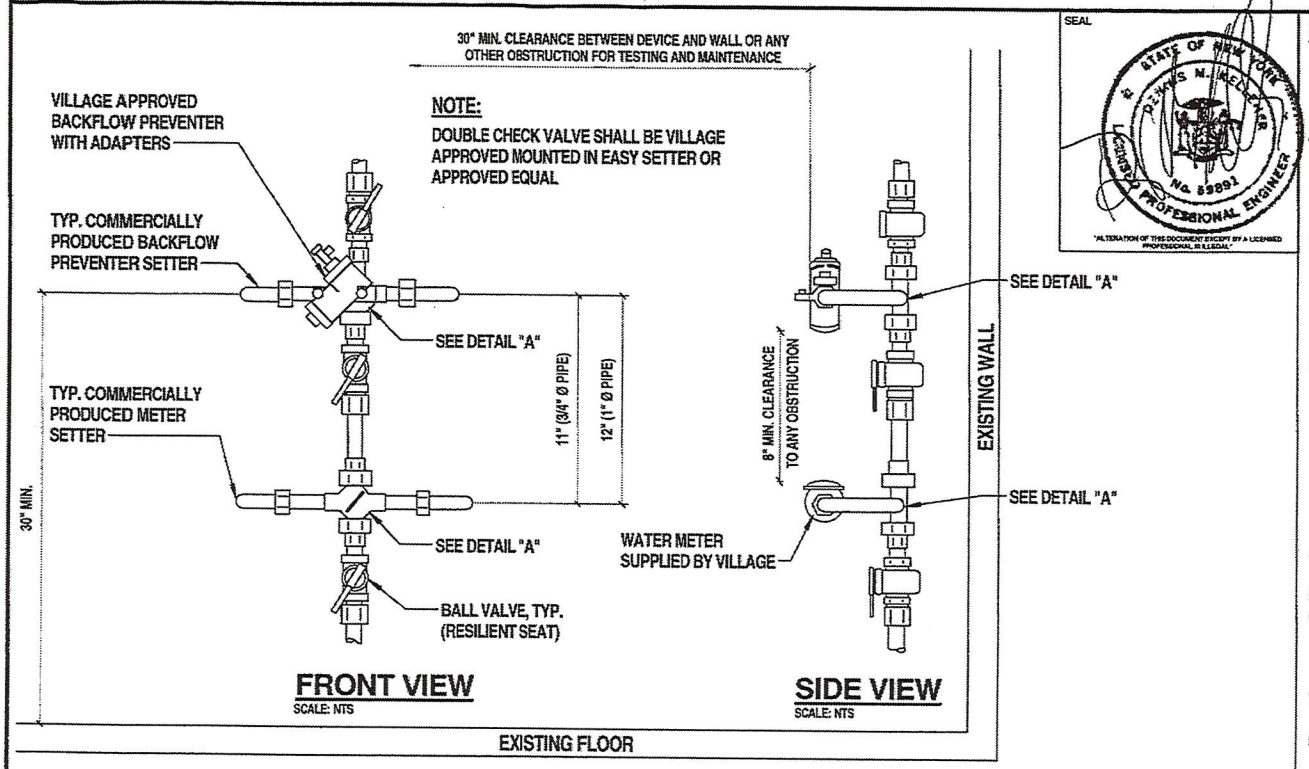
INCORPORATED VILLAGE OF BAYVILLE

3/4" & 1" DOUBLE CHECK VALVE ASSEMBLY STANDARD DETAIL

BASEMENT INSTALLATION

APPROVED BY THE INCORPORATED VILLAGE OF BAYVILLE WATER DEPARTMENT
DATE:_____

2M architects + engineers



NOTE:

DOUBLE CHECK VALVE SHALL BE VILLAGE APPROVED MOUNTED IN EASY SETTER OR APPROVED EQUAL

FRONT VIEW
SCALE: NTS

SIDE VIEW
SCALE: NTS

SEAL

NOTIFICATION TO WATER DEPARTMENT

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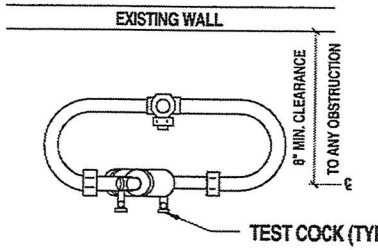
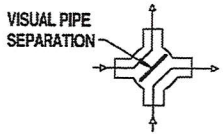


PLAN VIEW
SCALE: NTS



DETAIL A

NASSAU COUNTY DEPARTMENT OF HEALTH

INCORPORATED VILLAGE OF BAYVILLE

3/4" & 1" DOUBLE CHECK VALVE ASSEMBLY STANDARD DETAIL

BASEMENT INSTALLATION

APPROVED BY THE INCORPORATED VILLAGE OF BAYVILLE WATER DEPARTMENT
DATE:_____

H2M architects + engineers

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES
Please completed items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.

1. Name of Facility	2. City, Village, Town	3. County	
4. Location of Facility (Street)	City	state	zip
4a. Phone Numbers	5. Contact Person		
5. Approx. Location of Device(s)	6. Mfg. Model #	Size of Device(s)	

# of Fire Services	# of Domestic Services	# of Combined Services	Total # of Services	Total # of Buildings

7. Name of Owner	Title	Phone Number	8. Nature of works ☐ Initial Device Installation ☐ Replace Existing Device
Full Mailing Address Address _____ street			8a. ☐ New Service ☐ Existing Service
City	state	zip	
Owner's Signature	Date ____/____/____ M D Y		8b. ☐ New Building ☐ Existing Building ☐ Major Renovations

9. Name of Design Engineer or Architect	10. NYS License # _____
Address _____ Street City _____ State _____ Zip _____	☐ PE ☐ RA ☐ Other
_____ Signature **Original Ink signature and seal required on all copies**	10a. Telephone Number(s) _____ Date ____/____/____ M D Y

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost

13. Degree of Hazard

☐ Hazardous
☐ Aesthetically Objectionable

List of processes or reasons that lead to degree of hazard checked:

_____

_____

14. Public water supply name	Name of supplier's designate representative
Mailing Address _____ street _____ City state zip	Title _____
Telephone No. ( )	Signature _____ ____/____/____ M D Y

Note: All applicants must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.

DOH-347 (5/91)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

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 ☐ RPZ ☐ 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 ☐ Closed tight ☐ Pressure drop across first check valve _____ psid	Leaked ☐ Closed tight ☐	Opened at _____ psid	Date ☐☐ ☐☐ ☐☐ M D Y
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: ☐☐ ☐☐ ☐☐ M D Y
Final test	Closed tight ☐ Pressure drop across first check valve _____ psid	Closed tight ☐	Opened at _____ psid	Date ☐☐ ☐☐ ☐☐ M D Y

Water Meter Number	Meter Reading	Type of Service: (check one) 9 Domestic 9 Fire 9 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 ☐☐ ☐☐ ☐☐ m d y	NYS DOH Log #
License Number	Phone ( )		

Representing

Address

City State Zip

Signature_____

Describe minor installation changes

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.

Nassau County Rules for Lawn Sprinklers & Outdoor Water Use

The Bayville Water Department would like to remind you that Nassau County has rules concerning lawn sprinklers and outdoor water use. Remember that conserving water benefits the entire community.

Lawn Sprinkler Use

1- All lawn sprinkling for lawns, gardens and shrubbery is prohibited between the hours of 10:00am and 4:00pm every day.
2- Homes or businesses with even numbered street addresses may sprinkle on even- numbered days from midnight to 10:00am and from 4:00pm to midnight.
3- Homes or businesses with odd numbered street addresses may sprinkle on odd-numbered day from midnight to 10:00am and from 4:00pm to midnight.
4- Homes or businesses with no street number are allowed to sprinkle on even numbered days from midnight to 10:00am and from 4:00pm to midnight.

Hose Use

1- All hoses for exterior water use must be fitted with a hand operated automatic shut off nozzle.
2- The use of a hose to clean driveways, sidewalks or streets is prohibited.