

Backflow testing

Backflow devices are required to be tested on an **annual basis**. This test is required pursuant to the New York State Cross Connection Control Program 5-1.31(a)(3). All testing and maintenance of this backflow device must be performed by a state certified tester.

A list of certified testers in Nassau County can be found at:

http://www.health.ny.gov/environmental/water/drinking/cross/backflow_testers/nassau.htm

For more information please see the New York Codes, Rules and Regulations Title 10 Section 5-1.31 CROSS CONNECTION CONTROL.

<https://www.health.ny.gov/environmental/water/drinking/cross/part5.htm>

Local testers

Backflow Specialists – 631-567-8382

William Eliseo – cell: (516)457-2281 Home: (516)628-1143

Tri-County Plumbing – (516)628-8421

Lorenzo & sons – (516)628-2992

DiPietro – (516)628-2162

John Dembrowski – (516)315-0336

Carl Johanson – (516) 457-2503

Andy Colombo – (516)437-8207

Christopher Ragusa – (516)593-4000

*This list is for information purposes only. The Incorporated Village of Bayville Water Department does not endorse any contractor or is responsible for workmanship or performance of the same. This is only a partial list of local contractors. Users of this list are encouraged to contact the Nassau County Department of Health at 516-571-3323 or New York State Department of Health at 518-402-7650 for a comprehensive and updated listing of licensed backflow testers.

Backflow FAQ's

Q. What is **Backflow**?

A. **Backflow** means a flow condition, induced by a differential in pressure that causes the flow of water or other liquids and/or gases into the distribution pipes of a public water supply from any source other than the intended source.

Q. What is a **Backflow Device**?

A. A **backflow** prevention **device** is used to protect potable water supplies from contamination or pollution due to **backflow**.

Q. Why does the Incorporated Village of Bayville Water Department mandate that I have a **Backflow Device**?

A. The Incorporated Village of Bayville Water Department follows the NYS Sanitary Code Part 5-1.31 which outlines cross connections, hazards, and the water suppliers responsibility to prevent any cross connections with the public water supply. NYS Sanitary Code Part 5-1.31 can be found by clicking the following link.

[NYS Sanitary Code Part 5-1.31](#)

Q. What **Backflow Devices** are approved by the Incorporated Village of Bayville Water Department?

The Incorporated Village of Bayville Water Department approves two (2) types of **Backflow Devices**.

1. Double Check Valve Assembly (DCV)

2. Reduced Pressure Zone Assembly (RPZ)

A Double Check Valve (DCV) is required on any residential homes that fall into the following categories;

1. New Construction
2. Underground Irrigation System
3. Swimming Pool
4. Flood Zone

All commercial properties are required to have a Double Check Valve (DCV) regardless of any of the above mentioned categories. The Incorporated Village of Bayville Water Department may require a Reduced Pressure Zone Assembly (RPZ) to be installed instead of the DCV depending on the degree of hazard determined for the commercial property.

Q. Where does my **Backflow Device** need to be installed?

A. The **Backflow Device** needs to be installed directly after your water meter.

If your water meter is in a pit, on your lawn, on your curb strip, or in your driveway, the **backflow device MUST** be installed in the meter pit directly after the water meter with no connection in between the meter and **the Backflow Device**.

If your water meter is inside your house or commercial building, either in your basement or utility room, the **Backflow Device MUST** be installed directly after the water meter inside with no connections between the meter and the **Backflow Device**.

Pre-Approved installation blueprints can be found on our website. If any other installation is to take place, the owner must submit plans to the **Water Department** for review and approval.

Q. How often does my **Backflow Device** need to be tested?

A. The **Backflow Device** is required to be tested **AT LEAST ONCE ANNUALLY** in accordance with NYS Department of Health Law.

Q. Where can I find a licensed **Backflow** tester?

A. A list of licensed testers can be found going to <http://bayvilleny.gov/wp-content/uploads/2018/03/Annual-Backflow-Testing-Requirements-Website.pdf> and clicking on the certified tester's link.

Q. Where can I find a **Backflow Device** installer if I don't have the required device?

A. A **Backflow Device** must be installed by a plumber licensed within the Town of Oyster Bay in accordance with local plumbing code.

Q. What do I do once my **Backflow Device** has been tested?

A. Once the test has been completed please send the **DOH1013** test report to the Incorporated Village of Bayville Water Department. You can fax it to 516-628-3740 or mail it to 34 School St. Bayville, NY 11709. Please be advised that the property owner or authorizing agent's signature **MUST** be on the test form for the Incorporated Village of Bayville Water Department to accept it.

If you have any other questions or concerns please contact our **Water Department** at 516-628-1439 ext.119

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 _____				Location of Device _____		
Address _____				_____		
Street		City		Zip		
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.

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

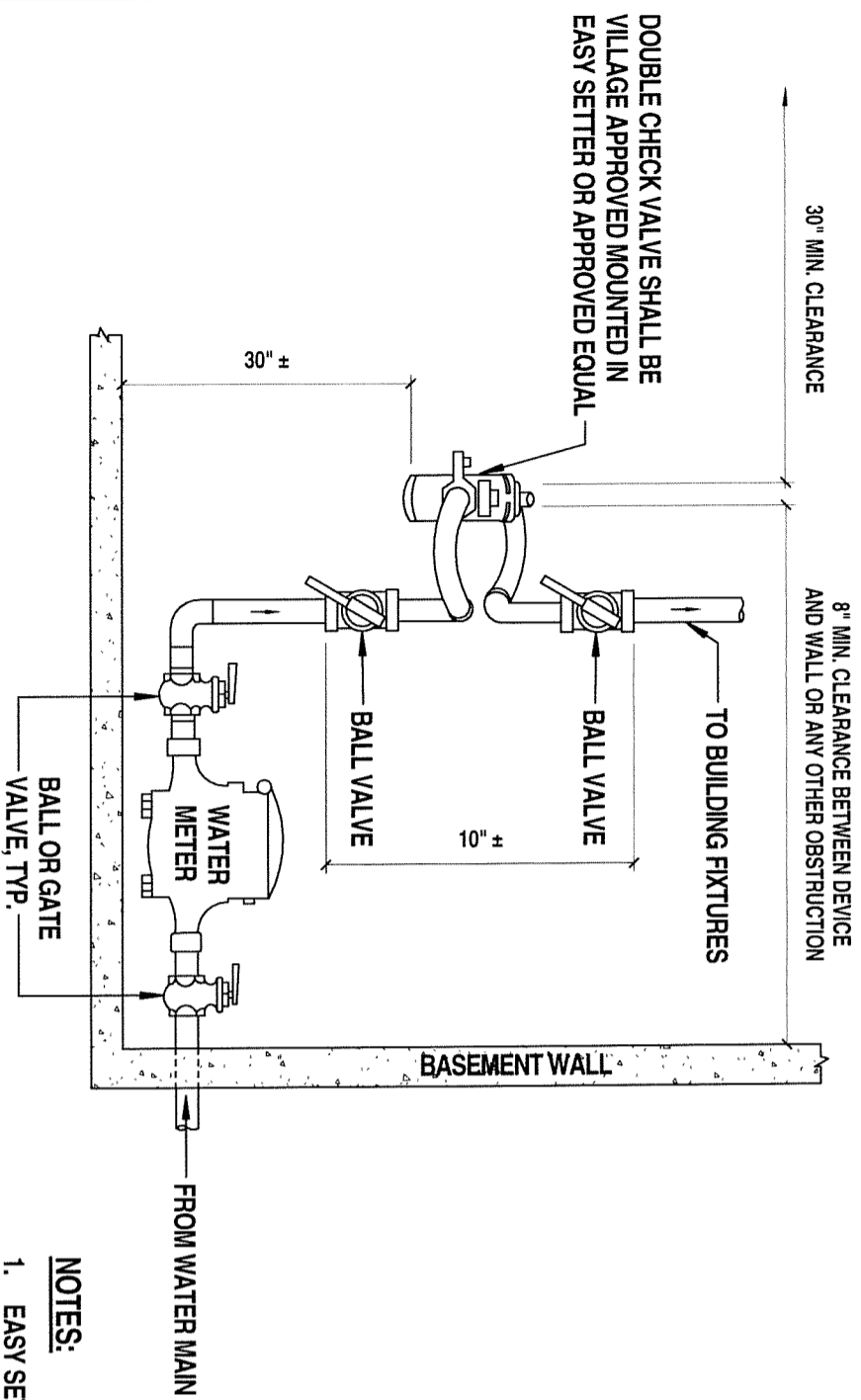
PART A - To Be Completed by Certified Tester

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
 - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - C Whether check valve #2 leaked or closed tight.
 - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner-s agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

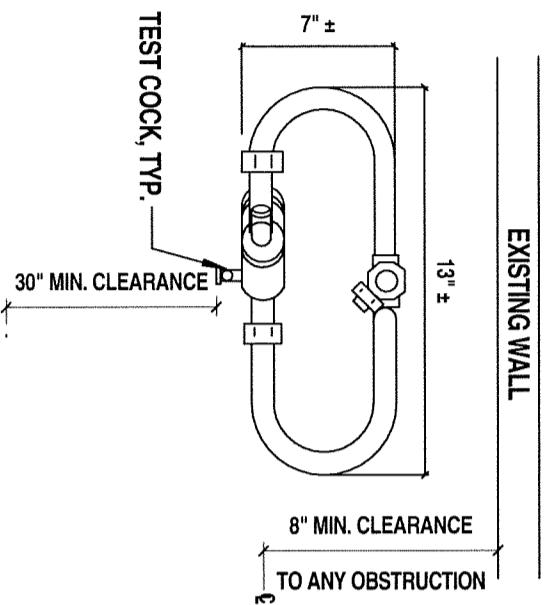
- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester-s personal records.



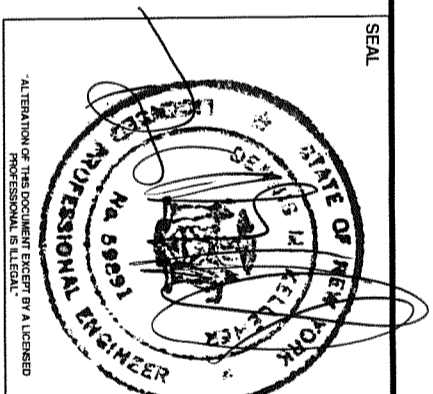
ELEVATION VIEW

SCALE: NTS



PLAN VIEW

SCALE: NTS



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.
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: _____

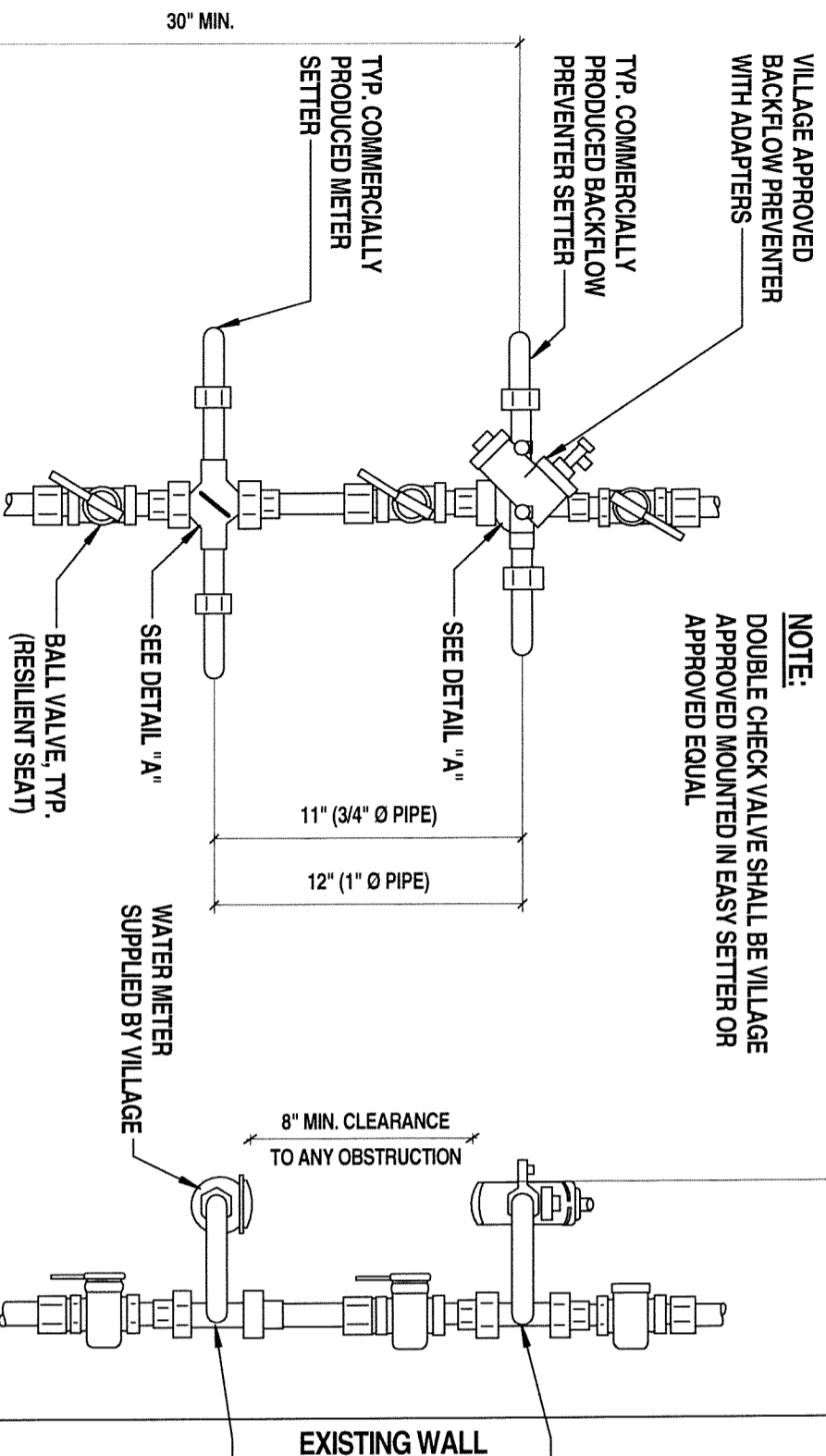


NASSAU COUNTY DEPARTMENT OF HEALTH

- 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

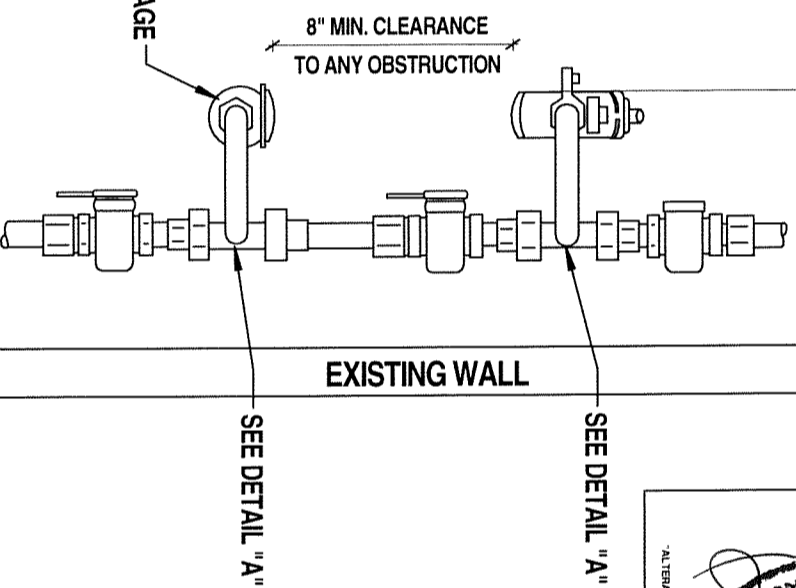
30" MIN. CLEARANCE BETWEEN DEVICE AND WALL OR ANY OTHER OBSTRUCTION FOR TESTING AND MAINTENANCE

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



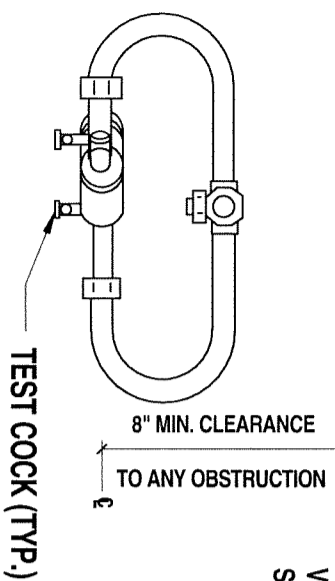
FRONT VIEW
SCALE: NTS

SIDE VIEW
SCALE: NTS

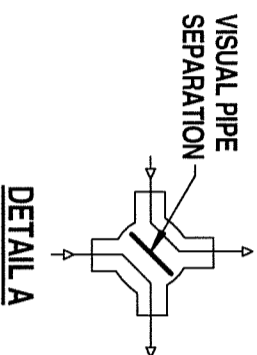


EXISTING FLOOR

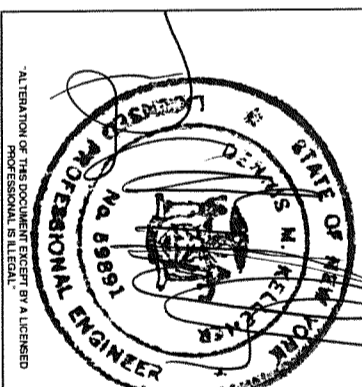
EXISTING WALL



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.
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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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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.
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INCORPORATED VILLAGE OF BAYVILLE

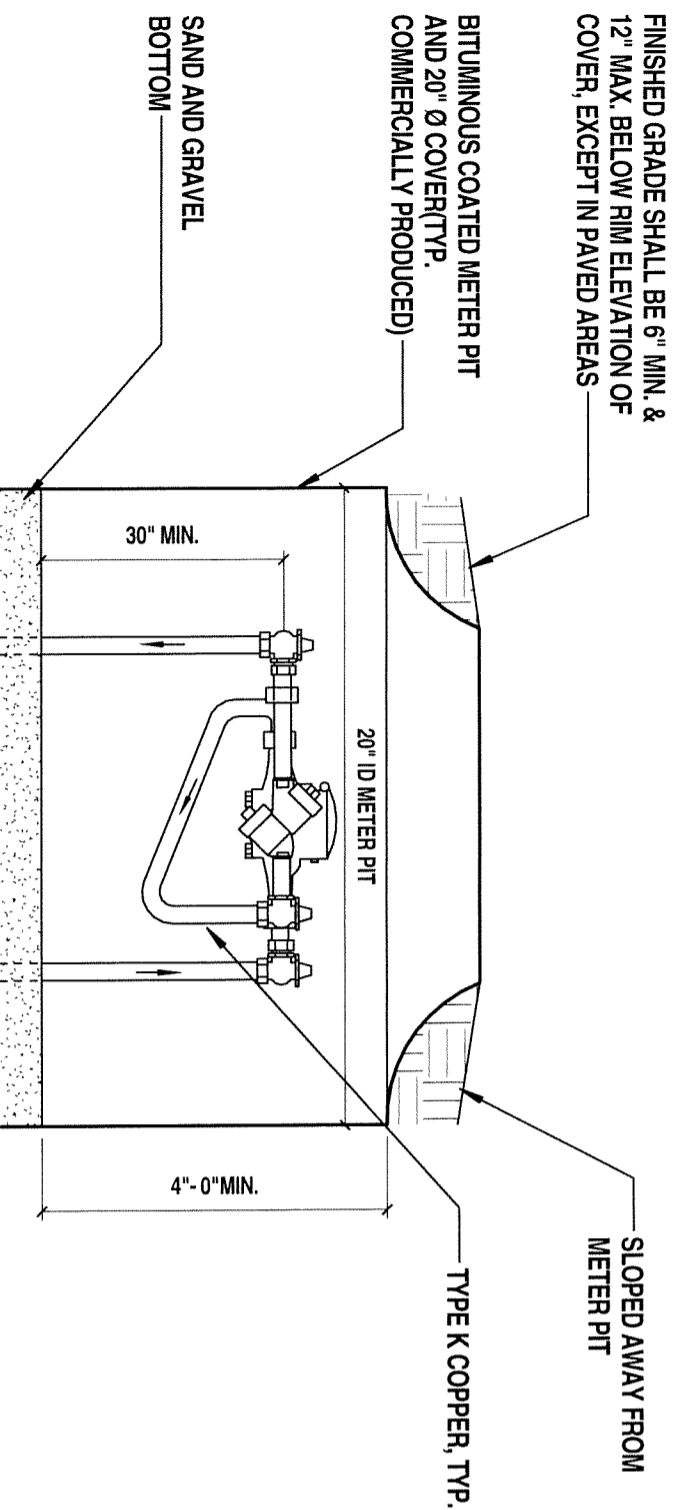
3/4" & 1" DOUBLE CHECK VALVE ASSEMBLY STANDARD DETAIL

BASEMENT INSTALLATION

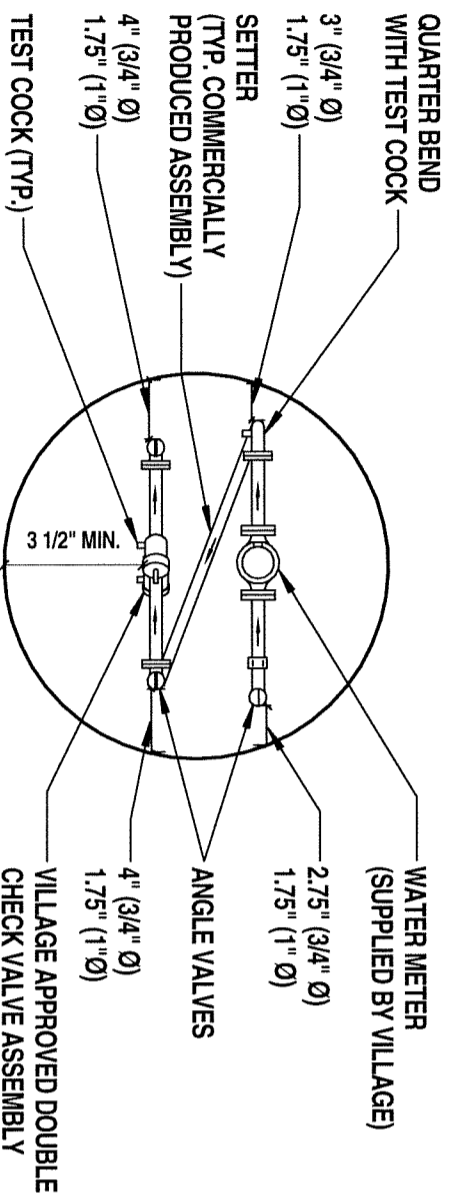
NASSAU COUNTY DEPARTMENT OF HEALTH

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

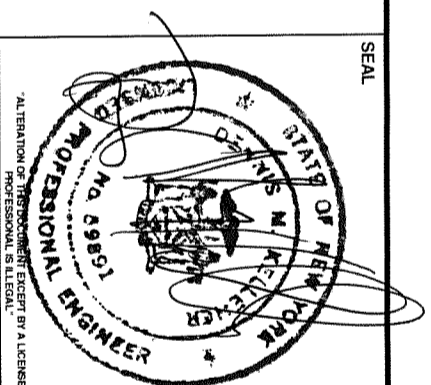
H 2 M architects + engineers
1025 Spring Ave. Paramus, NY 11764
100 West 4th St. Hicksville, NY 11801



ELEVATION VIEW
SCALE: NTS



PLAN VIEW
SCALE: NTS



NOTIFICATION TO WATER DEPARTMENT
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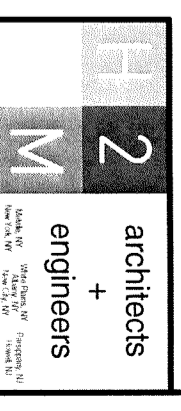
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INCORPORATED VILLAGE OF BAYVILLE

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

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



NASSAU COUNTY DEPARTMENT OF HEALTH