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 $200.00 processing fee must accompany it, as well as $140.00 check payable to Nassau County for the submittal of the DOH347.**

The following information must accompany this application

1. Rainfall Sensing Equipment:

   Type: _____ Manufacturer: _____ Size: _____

2. Backflow Prevention Device:

   New: ☐ Existing: ☐ Serial Number:_____ 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.

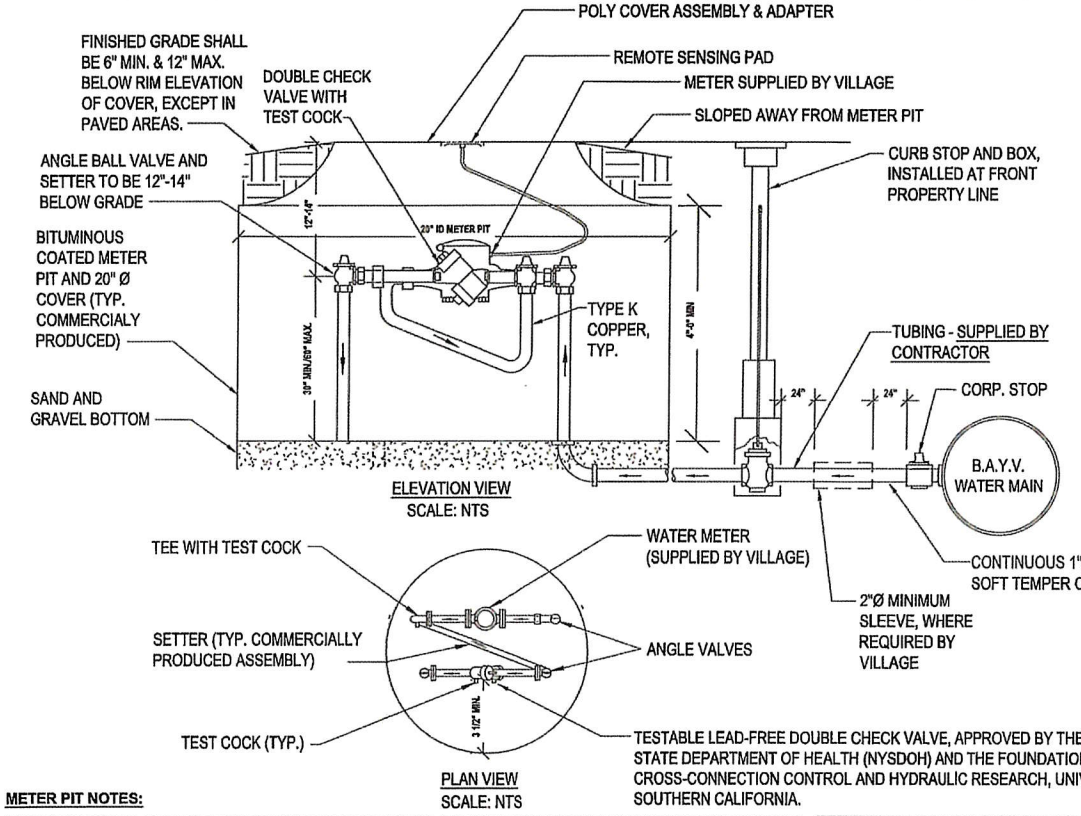
The following plans were approved by the Bayville Water Department:

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 **along with the $140.00 check made payable to Nassau County**. 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.

Rev.8/27/2026LK



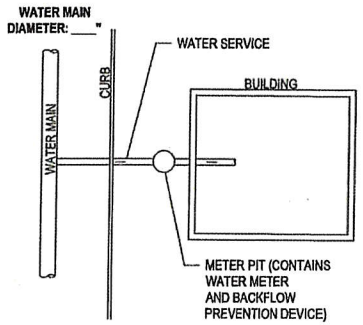
METER PIT NOTES:

1. THE CORPORATION STOP, CURB STOP, STREET SIDE ANGLE BALL VALVE, CURB BOX, ROD, COVER ASSEMBLY WITH ADAPTER RING AND THE METER MAY BE PURCHASED FROM THE VILLAGE, IF AVAILABLE.
2. INSTALLATION OF A BACKFLOW PREVENTION DEVICE SHALL MEET NCDH, NYSDOH AND THE INCORPORATED VILLAGE OF BAYVILLE'S ORDINANCE AND REQUIREMENTS.
3. THE BACKFLOW PREVENTION DEVICE SHALL NOT BE SUBJECT TO FREEZING AND FLOODING.
4. THE BACKFLOW PREVENTION DEVICE SHALL BE INSTALLED TO ALLOW ADEQUATE ACCESS TO THE TEST OUTLETS.
5. PIPING SHALL BE UNBRANCHED AND UNRESTRICTED FROM THE WATER MAIN TO THE BACKFLOW PREVENTION DEVICE EXCEPT FOR THE WATER METER.
6. PROPOSED BACKFLOW DEVICES SHALL BE LEAD FREE AND SHALL BE FROM A LIST OF APPROVED DEVICES FROM THE UNIVERSITY OF SOUTHERN CALIFORNIA.
7. AN INITIAL TEST OF THE DEVICE SHALL BE PERFORMED BY A NYSDOH CERTIFIED BACKFLOW TESTER PRIOR TO THE DEVICE BEING PLACED INTO SERVICE. NYSDOH FORM # DOH-1013 (REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE) SHALL BE COMPLETED IN ITS ENTIRETY AND ALL SATISFACTORY TEST RESULTS SHALL BE FORWARDED TO THE INCORPORATED VILLAGE OF BAYVILLE AND NASSAU COUNTY DEPARTMENT OF HEALTH.
8. IT IS THE OWNER'S RESPONSIBILITY FOR THE BACKFLOW PREVENTION DEVICE TO BE TESTED AND INSPECTED AT LEAST ANNUALLY BY A NYSDOH CERTIFIED BACKFLOW TESTER WITH RESULTS REPORTED TO THE INCORPORATED VILLAGE OF BAYVILLE USING NYSDOH FORM # DOH-1013.
9. NO NATURAL OR MANMADE OBSTRUCTIONS (SUCH AS SHRUBBERY, RETAINING WALLS, FENCES, ETC.) SHALL BE PLACED CLOSER THAN 24" TO THE METER PIT COVER RIM.
10. UNUSUAL CIRCUMSTANCES MAY PREVENT INSTALLATION AS PRESENTED HERE. SPECIAL PERMISSION MUST BE GRANTED IN ADVANCE BY THE VILLAGE FOR ANY DEVIATION FROM THIS STANDARD DETAIL.
11. ALL WATER SERVICE WORK FROM THE VILLAGE'S DISTRIBUTION MAIN UP TO AND INCLUDING THE METER PIT SHALL BE PERFORMED ONLY BY A LICENSED WATER MAIN/WATER SERVICE INSTALLER WHO IS SPECIFICALLY APPROVED BY THE VILLAGE AND WHO HAS FILED A CURRENT BOND WITH THE VILLAGE. NO WATER SERVICE WORK MAY PROCEED PRIOR TO THE OWNER FILING ALL PREVAILING VILLAGE APPLICATIONS AND THE PAYMENT OF THE ASSOCIATED FEES. THE OWNER MUST FILE A SEPARATE BACKFLOW PREVENTION PLAN; INSTALLATION WORK MAY NOT COMMENCE PRIOR TO THE APPROVAL OF THAT PLAN BY THE VILLAGE AND HEALTH DEPARTMENT. THE VILLAGE IS NOT RESPONSIBLE FOR INSPECTION OF THE WATER SERVICE BEYOND THE METER VAULT. THE CONTRACTOR SHALL CHECK WITH OTHER REGULATORY AGENCIES REGARDING THESE REQUIREMENTS.
12. ALL BRASS VALVES AND FITTINGS SHALL MEET EPA STANDARDS FOR LOW-LEAD MATERIALS WITH A MAXIMUM LEAD CONTENT OF 0.25% BY WEIGHT.
13. ALL SETTER ASSEMBLIES FOR DCV AND WATER METERS MUST BE APPROVED BY THE VILLAGE PRIOR TO INSTALLATION.
14. THE BOTTOM OF THE METER PIT SHALL BE FREE OF SOIL AND DEBRIS.

SEAL

NOTIFICATION REQUIREMENT:

THE PLUMBER SHALL NOTIFY THE WATER SUPERVISOR OF THE INCORPORATED VILLAGE OF BAYVILLE AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.



PLOT PLAN
NO SCALE

PLOT PLAN 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 SERVICE LINE SHALL BE TYPE "K" SOFT TEMPER COPPER TUBING. THE SERVICE MUST BE ONE CONTINUOUS LENGTH FROM THE CORPORATION STOP TO CURB STOP AND ONE CONTINUOUS LENGTH FROM THE CURB STOP TO THE FIRST METER PIT FITTING. THE SERVICE SHALL HAVE 4'-6" OF COVER. SOLDERED JOINTS ARE STRICTLY PROHIBITED.
3. THE SERVICE LINE SHALL BE ENCLOSED IN A SLEEVE, NO SMALLER THAN 2X THE DIAMETER OF THE SERVICE LINE, AND CONSTRUCTED OF SCHEDULE 40 P.V.C. OR GALVANIZED IRON WHEN THE SERVICE IS BENEATH PAVEMENT OR WHERE DIRECTED TO DO SO BY THE VILLAGE.
4. BRANCH CONNECTIONS OF ANY KIND ARE STRICTLY PROHIBITED IN THE METER PIT AND/OR PRIOR TO THE BACKFLOW DEVICE.
5. WATER PIPING SHALL BE INSTALLED IN UNDISTURBED SOIL. NO OTHER UTILITIES WILL OCCUPY WATER TRENCHES. HORIZONTAL SEPARATION DISTANCES OF 10'-0" BETWEEN WATER PIPING AND OTHER UTILITIES OR STRUCTURES, UNLESS OTHERWISE SPECIFIED. SHARING OF TRENCHES WITH OTHER UTILITIES WILL NOT BE PERMITTED.
6. METER PITS SHALL BE INSTALLED AT THE FRONT PROPERTY LINE, OR AS OTHERWISE DETERMINED.
7. METER PITS SHALL NOT BE INSTALLED IN DRIVEWAYS OR PARKING AREAS.
8. THE BACKFLOW PREVENTION WILL CAUSE A DECREASE IN PRESSURE. SEE MANUFACTURER'S FLOW CURVES FOR PRESSURE LOSSES.
9. CAUTION: A WORKABLE PRESSURE RELIEF VALVE MUST BE MAINTAINED AT ALL TIMES ON THE HOT WATER WATER HEATING SYSTEM ON THIS INSTALLATION.

ENDORSED BY THE INCORPORATED VILLAGE OF BAYVILLE FOR INSTALLATION OF A _____-INCH DOUBLE CHECK VALVE AT
_____(ADDRESS)
ON _____(DATE).

NASSAU COUNTY DEPARTMENT OF HEALTH

RECEIVED
AUG 13 2026

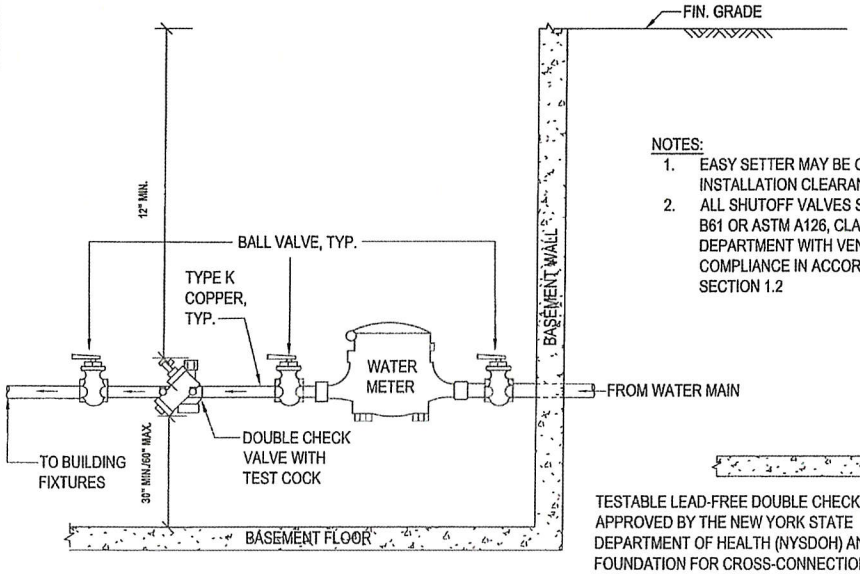
APPROVED
BY:
Nassau County Department of Health
Jim George, P.E.
Date 8/11/26 Plan No. 26CC-0229

PREPARED FOR THE INCORPORATED VILLAGE OF BAYVILLE
DATE: AUGUST 4, 2026

INCORPORATED VILLAGE OF BAYVILLE

3/4 & 1" DOUBLE CHECK VALVE
TYPICAL RESIDENTIAL METER PIT ASSEMBLY

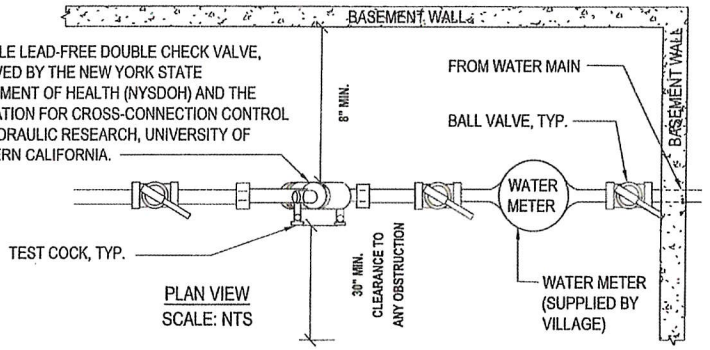
H2M architects + engineers
538 Broad Hollow Road, 4th Floor East
Melville, NY 11747
631.756.8000 • www.h2m.com
NY Architecture & Landscape Architecture: No Certificate Required
NY Engineering Certificate of Authorization No. 0018178



ELEVATION 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

TESTABLE LEAD-FREE DOUBLE CHECK VALVE, APPROVED BY THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) AND THE FOUNDATION FOR CROSS-CONNECTION CONTROL AND HYDRAULIC RESEARCH, UNIVERSITY OF SOUTHERN CALIFORNIA.



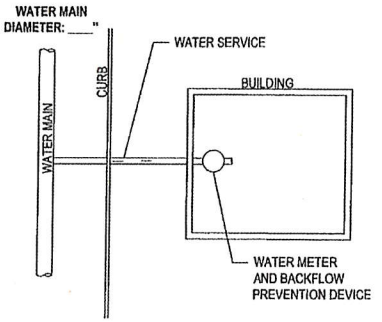
PLAN VIEW
SCALE: NTS

SEAL

"ALTERATION OF THIS DOCUMENT EXCEPT BY A LICENSED PROFESSIONAL IS ILLEGAL"

NOTIFICATION REQUIREMENT:

THE PLUMBER SHALL NOTIFY THE SUPERINTENDENT OF THE INCORPORATED VILLAGE OF BAYVILLE AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.



PLOT PLAN
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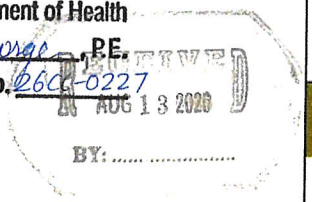
ENDORSED BY THE INCORPORATED VILLAGE OF BAYVILLE FOR INSTALLATION OF A _____-INCH DOUBLE CHECK VALVE AT _____(ADDRESS)
ON _____(DATE).

NASSAU COUNTY DEPARTMENT OF HEALTH

APPROVED
Nassau County Department of Health
Jinu George, P.E.
Date 8/17/26 Plan No. 2606-0227

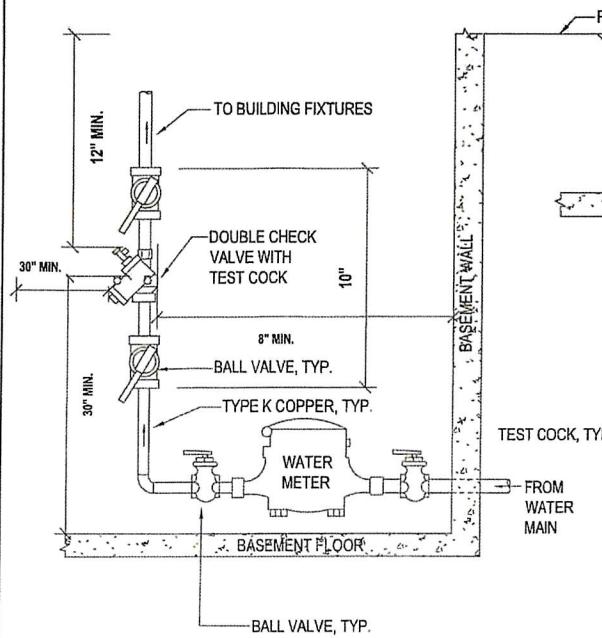


PREPARED FOR THE INCORPORATED VILLAGE OF BAYVILLE
DATE: AUGUST 4, 2026

INCORPORATED VILLAGE OF BAYVILLE

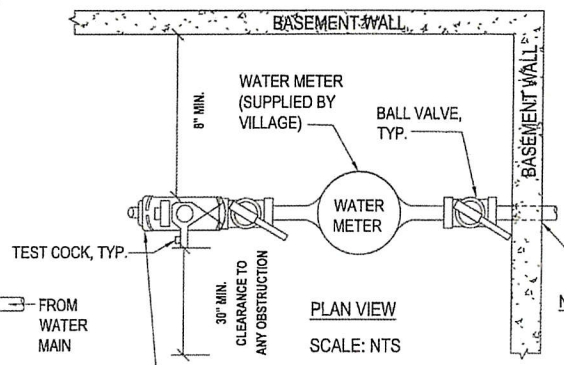
3/4 & 1" DOUBLE CHECK VALVE, TYPICAL RESIDENTIAL BASEMENT HORIZONTAL INSTALLATION

H2M architects + engineers
538 Broad Hollow Road, 4th Floor East
Melville, NY 11747
631.756.8000 • www.h2m.com
NY Architecture & Landscape Architecture: No Certificate Required
NY Engineering Certificate of Authorization No. 0018178



ELEVATION VIEW

SCALE: NTS



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TESTABLE LEAD-FREE DOUBLE CHECK VALVE, APPROVED BY THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) AND THE FOUNDATION FOR CROSS-CONNECTION CONTROL AND HYDRAULIC RESEARCH, UNIVERSITY OF SOUTHERN CALIFORNIA.

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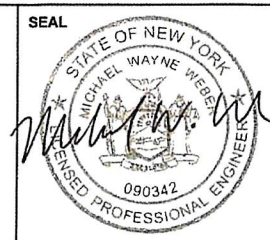
SEAL



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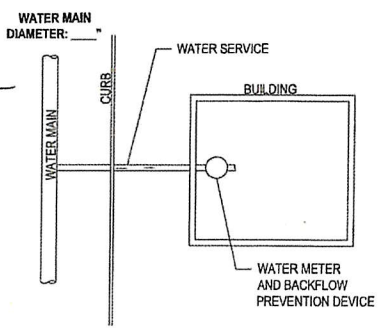

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NASSAU COUNTY DEPARTMENT OF HEALTH

APPROVED

Nassau County Department of Health

Jim George

Date 8/7/26 Plan No. 26CC-0228

RECEIVED AUG 13 2026

BY: .....

PREPARED FOR THE INCORPORATED VILLAGE OF BAYVILLE

DATE: AUGUST 4, 2026

INCORPORATED VILLAGE OF BAYVILLE

3/4 & 1" DOUBLE CHECK VALVE, TYPICAL RESIDENTIAL BASEMENT VERTICAL INSTALLATION

H2M architects + engineers

538 Broad Hollow Road, 4th Floor East
Melville, NY 11747
631.756.8000 ▪ www.h2m.com
NY Architecture & Landscape Architecture: No Certificate Required
NY Engineering Certificate of Authorization No. 0018178

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: Bayville

3. County: Nassau

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
City | state | zip

8a.
- ☐ New Service
- ☐ Existing Service

Owner's Signature — Date ____/____/____ (M D Y)

8b.
- ☐ New Building
- ☐ Existing Building
- ☐ Major Renovations

9. Name of Design Engineer or Architect: Micahel W. Weber

Typical Plan

Street: Address 538 Broad Hollow Road 4th Floor East

City: Melville

State: New York | Zip: 11747

Signature

Original Ink signature and seal required on all copies

10. NYS License #: 090342

☑ PE ☐ RA ☐ Other

10a. Telephone Number(s): 1-631-756-8000

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: Inc. Village of Bayville Water Department

Mailing Address: 34 School Street (street)

Bayville (City) New York (state) 11709 (zip)

Telephone No. (516) 628-1439 ext.119

Name of supplier's designate representative

Title: Supervisor of Water Plant Operations

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
Flanigan Square, 547 River Street, Room 400
Troy, New York 12180-2216

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
Bayville Water Department		Nassau		

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)
		• Domestic • Fire • 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	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.

DOH-1013(9/91)

BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE

IRINA GELMAN, DPM, PhD, MPH
Commissioner of Health

NASSAU COUNTY DEPARTMENT OF HEALTH

Cross-Connection Control Plan Review Fees

Fee Schedule
(Current as of October 2025)

PROJECT TYPE	FEE AMOUNT
Double Check Valve (Residential)	- $140 per device
Double Check Valve (Non-Residential)	- $275 per device
¾ to 2" Reduced Pressure Zone Device	- $275 per device
Greater than 2" Reduced Pressure Zone Device	- $485 per device
Expedited Review of Cross-Connection Control Plans	
Typical Plans	- $125 additional
Custom Plans	- $250 additional

All plans must be accompanied by a check payable to "Nassau County Department of Health" with appropriate dollar amount.

200 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501
Phone: 516-227-9692 Fax: 516-227-9613

BAYVILLE WATER DEPARTMENT

Providing safe and high quality drinking water for over 100 years

bayvilleny.gov/water

516-628-1439 ext. 119

waterdept@bayvilleny.gov

Salvatore Astuto
Supervisor of Water Plant Operations

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.