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

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

William Eliseo: 516-457-2281
John Debowski: 516-315-0336
Charles Savinetti: 516-695-7242
Carl Johanson: 516-457-2503
Richard Andrasick: 516-225-5828
Lorenzo & sons: 516-628-2992
Scheblein Plumbing: 516-759-0529
Tri-County Plumbing: 516-628-8421

*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?

A. 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, e ther 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**.

A DOH347 **MUST** be filled out and brought to the Bayville Water Department, along with a check for $140.00 made out to Nassau County, to get approval for the installation of a residential **Backflow Device.** Pre-Approved "Typical Plans" 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 by going to bayvilleny.gov/water and clicking on the "Annual Backflow Testing Requirements" link

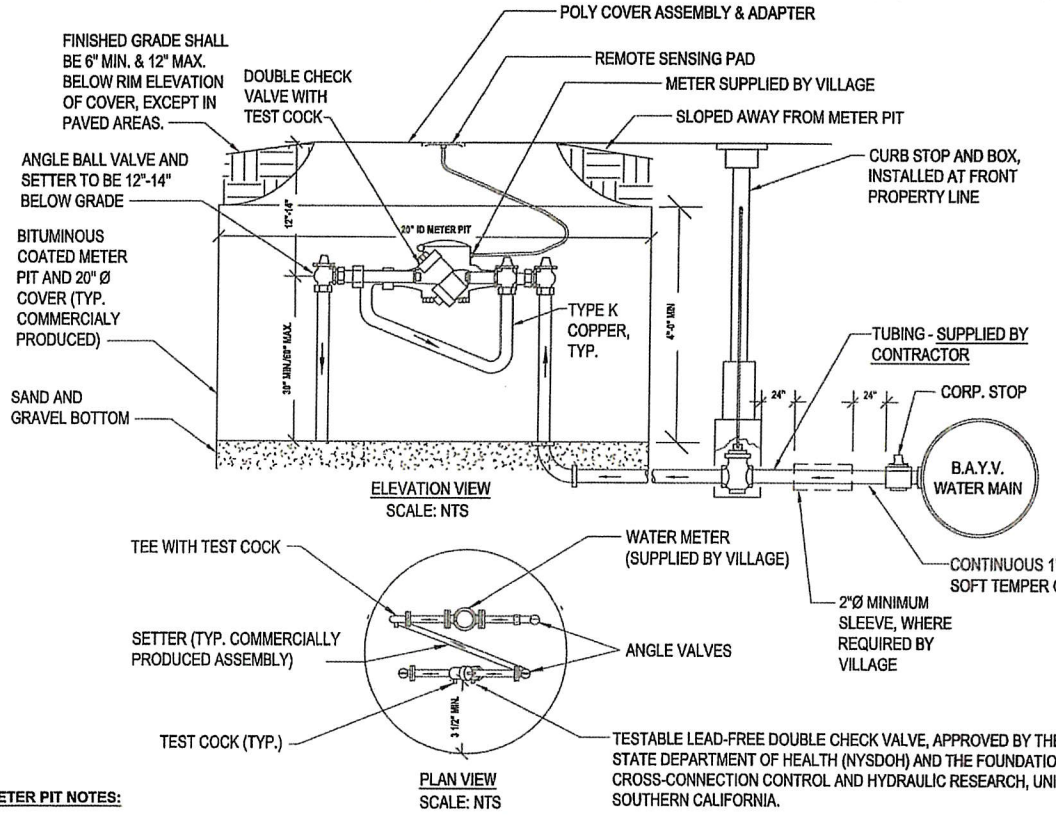
Q. Where can I find a **Backflow Device** installer if I don't have the required device?

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 the **Bayville Water Department** at 516-628-1439 ext.114



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.

ENDORSED BY THE INCORPORATED VILLAGE OF BAYVILLE FOR INSTALLATION OF A _____-INCH DOUBLE CHECK VALVE AT

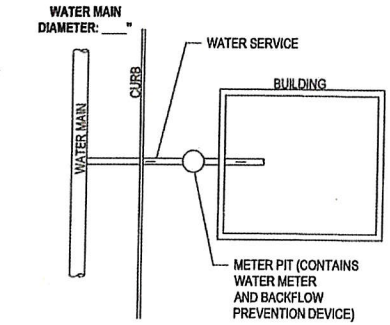
_____(ADDRESS)

ON _____(DATE).

NASSAU COUNTY DEPARTMENT OF HEALTH

RECEIVED
AUG 13 2026

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



PLOT PLAN
NO SCALE

PLOT PLAN NOTES:

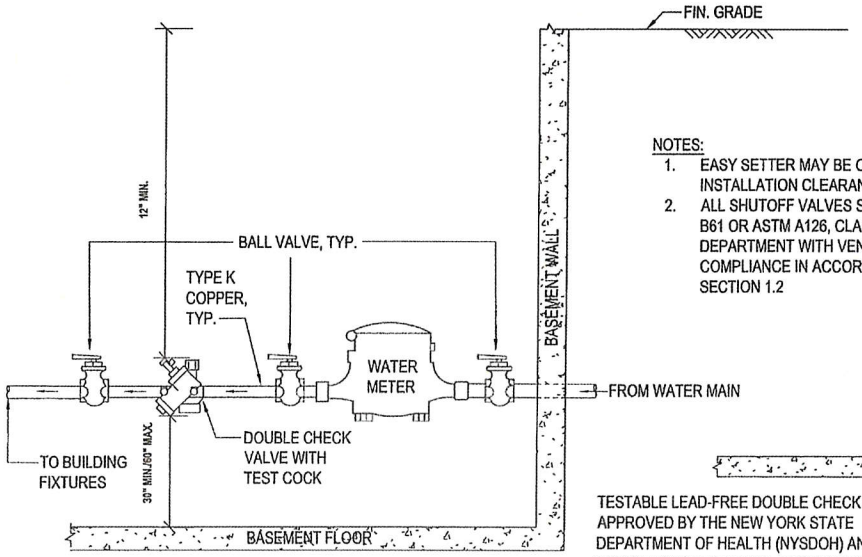
1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE DOUBLE CHECK VALVE ASSEMBLY. BYPASSING OR TAMPERING WITH A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
2. THE SERVICE LINE SHALL BE TYPE "K" SOFT TEMPER COPPER TUBING. 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.

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

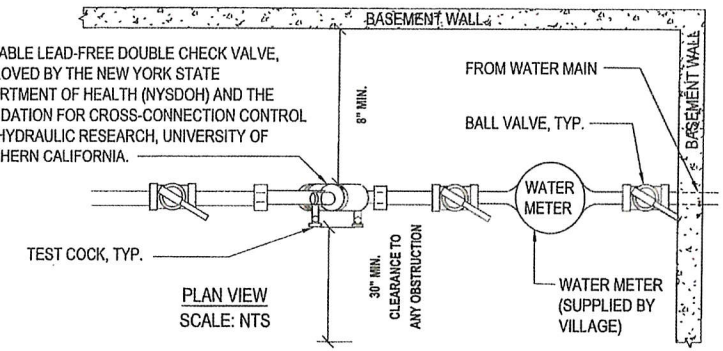
H2M architects + engineers
538 Broad Hollow Road, 4th Floor East
Melville, NY 11747
631.756.8000 • www.h2m.com
NY Architecture & Landscape Architecture: No Certificate Required
NY Engineering Certificate of Authorization No. 0018178



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"

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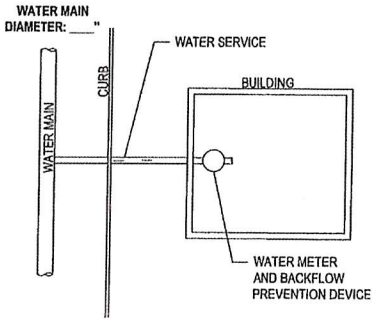

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NO SCALE

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13. IF DEVICE IS NOT LOCATED DIRECTLY AFTER THE WATER METER, ALL PIPING NOT PROTECTED BY THE BFP DEVICE SHALL BE STENCILED: "FEED LINE TO DCV - DO NOT TAP" AT 5-FOOT INTERVALS.

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. D66-0227

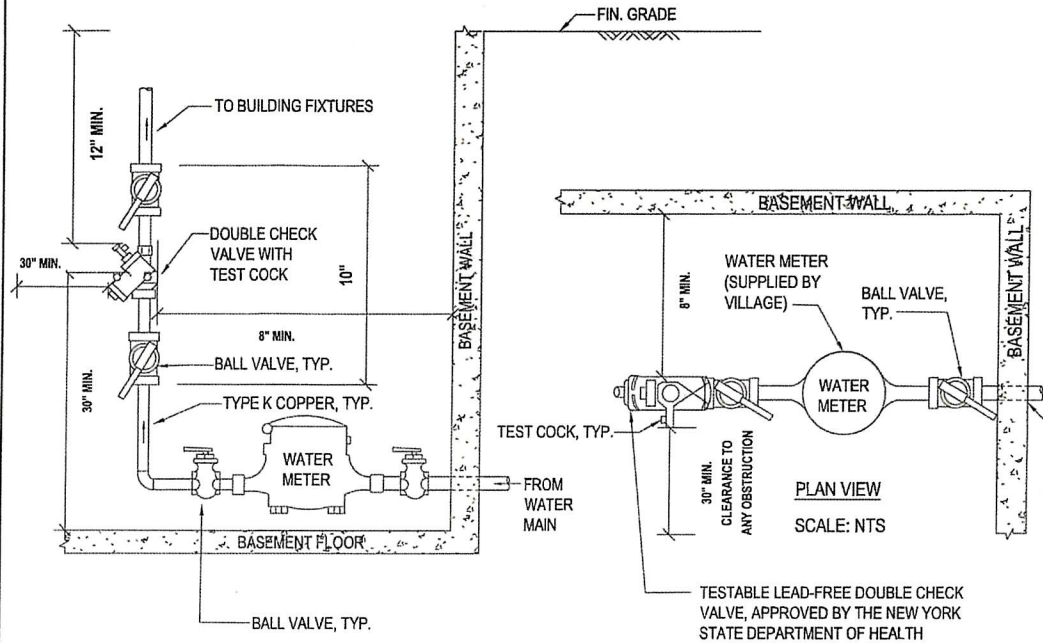
RECEIVED
AUG 13 2026
BY: .....

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

INCORPORATED VILLAGE OF BAYVILLE

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

PLAN VIEW

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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

STATE OF NEW YORK
MICHAEL WAYNE WIEBEN
090342
LICENSED PROFESSIONAL ENGINEER

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

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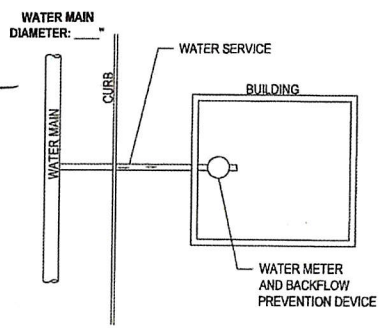

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NO SCALE

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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
Jimi George, P.E.
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)

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

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	NYS DOH Log #
License Number	Phone ( )	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.

DOH-1013(9/91)