

# PORT WASHINGTON WATER DISTRICT

38 Sandy Hollow Road, Port Washington, NY 11050 ♦ (516) 767-0171 ♦ (516) 767-1145 -Fax

## Application for Supply of Water



### Do Not Photocopy

(No photocopies of this form will be accepted)

All information must be complete (please print or type).

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(Completed by District)

Owner's full Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address: \_\_\_\_\_  
(Street) (Town/City) (State/Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Optional)

Address of property to be served (if different from above address):  
\_\_\_\_\_  
(Street) (Town/City) (State/Zip)

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Plumber's Name & Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (Town/City) (State/Zip)

Type of Dwelling: (please check one of the following):

- |  |  |
|--|--|
| <input type="checkbox"/> One Family Residence    | <input type="checkbox"/> Office Building |
| <input type="checkbox"/> Two Family Residence    | <input type="checkbox"/> Store           |
| <input type="checkbox"/> Condominium             | <input type="checkbox"/> Industrial      |
| <input type="checkbox"/> Other (Describe): _____ | <input type="checkbox"/> Fire Service    |

Size of Water Service:  1"  1 1/2"  2"  Other: \_\_\_\_\_

Variance Required:  \*YES  NO \*If yes, provide a copy of the Variance issued by the Municipal Entity

Swimming Pool:  YES  NO Underground Sprinkler System:  YES  NO

➤ **PLEASE NOTE THAT WHEN SUBMITTING THIS APPLICATION, A \$200.00 PROCESSING FEE MUST ACCOMPANY IT.**

**This Application cannot be accepted if all information has not been completed.**

I, \_\_\_\_\_, certify that I am the owner of the premises at  
\_\_\_\_\_ located in Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

and I hereby apply for a supply of water for said premises. I agree that the water to serve said premises shall be used in conformity with the Ordinance Rules and Regulations of the Port Washington Water District, copies of which I have read and understood. I agree to pay for water service at the rate specified by the Board of Commissioners of the Port Washington Water District.

Date Application Completed: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Engineer/Architect's Address: \_\_\_\_\_

\_\_\_\_\_

 \_\_\_\_\_

*Property Owner's Signature*

 (\_\_\_\_) \_\_\_\_\_

*Owner's Phone Number*

\_\_\_\_\_

Please PRINT Name

**APPROVED**

**\*DENIED**

\* Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 \_\_\_\_\_

**Superintendent**

\_\_\_\_\_

**Date**

## CUSTOMER INFORMATION:

- A single family residential dwelling allowance is up to 110,000 gallons per year (14,706 cubic feet).
- A two family residential dwelling allowance is up to 130,000 gallons per year (17,380 cubic feet).
- Commercial / Industrial accounts will be reviewed on an individual basis.

### The following information must accompany this application:

1. Please submit a letter to the Commissioners of the Port Washington Water District describing the project.
2. A copy of the property survey, prepared by a licensed surveyor showing all pertinent information, new Section, Block and Lot(s).
3. \* "Application for Approval of a Backflow Prevention Device" must be completed (form DOH-347).

**NOTE: After building plans are reviewed by the District four copies of the completed DOH-347 form and approved Double Check Valve installation plan drawing along with the appropriate fee must be sent to the Nassau County Department of Health for review and final approval.**

**\*\*\*Commercial applications must submit Licensed Engineer / Registered Architect drawings for the installation of the RPZ.**

4. A full copy of the Building Plans showing the building dimensions, number of bedrooms, number of bathrooms, plumbing, floor space, slope of property, and the location of proposed water, sewer lines and any drainage pools.

\* **NOTE:** After installing a Backflow Prevention Device, a completed NYS Dept of Health form DOH-1013 - "Report on Test and Maintenance of Backflow Prevention Device" must be completed by a Certified Backflow Prevention Device Tester. This must be forwarded to our Board of Commissioners or the Port Washington Water District within thirty (30) days of the installation of the device.

\* **ONLY ONE INCH (1") SERVICE LINES AND PIT ASSEMBLIES CAN BE INSTALLED AT A NEW RESIDENTIAL DWELLING OR REMODELING WHICH REQUIRES A NEW SERVICE .**

## FIRE SYSTEM REQUIREMENTS:


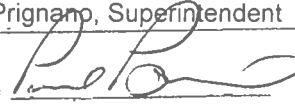
If a fire sprinkler system is going to be present, a copy of the site plans/architect drawings must be submitted along with this application showing the following: hydrants, proposed sprinkler system, sprinkler heads, fire pump, location of detecto check valve arrangement, proposed location of connection to the Port Washington Water system, with the approval stamp of the Nassau County Fire Marshall, which must be filed with the District for approval of the fire service.

- a) Gallons per minute required: \_\_\_\_\_ (gpm)
- b) Dry System:  Yes  No
- c) Water Filled System:  Yes  No
- d) Additives used for Freeze Protection:  Yes  No

### A COPY OF THIS APPLICATION MUST GO TO THE BUILDING DEPARTMENT AFTER APPROVAL BY THE DISTRICT

The Port Washington Water District will furnish and install a new service line tap in the water main. The owner or the licensed plumber will pay all fees required under this application; furnish all material, including copper piping, curb stop, curb box and rod, meter and backflow device assembly - all in accordance with the Port Washington Water District standard specifications. The owner or licensed plumber must also make all excavations, backfill, and compaction of backfill; obtain all roadway opening permits; restore all surfaces disturbed during performance of the work; test, flush and disinfect the new water service installation and place in continuous satisfactory service.

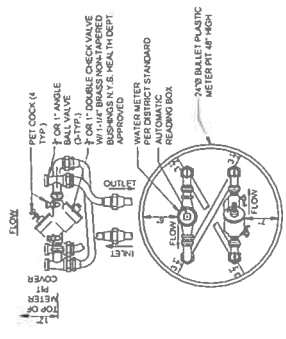
## Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES Please completed items 1 through 12a + Block and Lot Numbers		Block #	Lot #	FOR DEPARTMENT USE ONLY Lcg No.
1. Name of Facility		2. City, Village, Town		3. County
4. Location of Facility <small>Street</small>		<small>City</small>	<small>state</small>	<small>zip</small>
4a. Phone Numbers		5. Contact Person		
5. Approx. Location of Device(s)		6. Mfg. Model #		Size of Device(s)
<small># of Fire Services</small>	<small># of Domestic Services</small>	<small># of Combined Services</small>	<small>Total # of Services</small>	<small>Total # of Buildings</small>
7. Name of Owner		<small>Title</small>	<small>Phone Number</small>	
8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device		8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
Full Mailing Address <small>Address</small> <small>street</small>		<small>City</small>	<small>state</small>	<small>zip</small>
Owner's Signature		Date		8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
		M / D / Y		
9. Name of Design Engineer or Architect		10. NYS License # 072392		<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other
 <p style="font-size: x-small;">Original Ink Signature and seal required on all copies</p>		Address <small>Street</small> 330 Crossways Park Dr.		10a. Telephone Number(s)
		City Woodbury		Date 10 / 9 / 19
		State NY Zip 11797		M / D / Y
Signature				
11. Water System Pressure (psi) at Point of Connection <small>Max Avg Min</small>		12. Estimate Installation Cost		12a. Estimate Design Cost
13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		List of processes or reasons that lead to degree of hazard checked: _____		
14. Public water supply name Port Washington Water District		Name of supplier's designate representative		
Mailing Address 38 Sandy Hollow Road		Title Paul Prignano, Superintendent		
Port Washington NY 11050 <small>City state zip</small>		Signature 		
Telephone No. (516) 767-0171		M / D / Y		

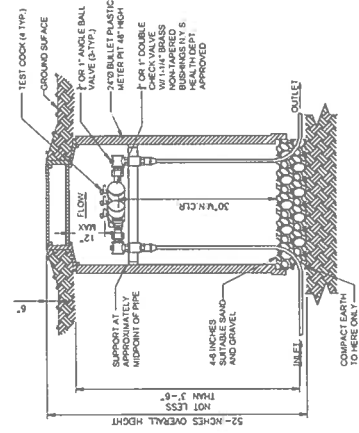
Note: All applicants must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies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

**GENERAL NOTES**

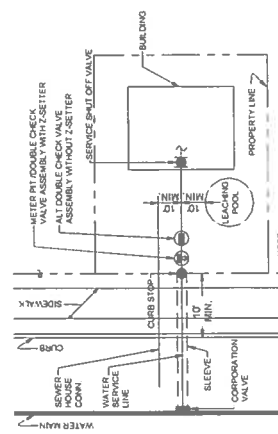
- INSTALLATION SHALL MEET ALL CDM AND NYSDOH REQUIREMENTS.
- BACKFLOW DEVICE SHALL BE PROTECTED FROM FLOODING AND FREEZING AT ALL TIMES.
- TOP OF WATER TIGHT PIT WITH BOX SHALL BE AT LEAST 6 INCHES ABOVE GRADE AND GRASS SHOULD BE MAINTAINED FOR THE ENTIRE DRAINAGE AREA.
- PITING SHALL BE UNBARRICADED AND UNRESTRICTED FROM MAIN TO DEVICE EXCEPT FOR METER.
- AN INITIAL TEST OF THE DEVICE SHALL BE PERFORMED BY A NYSDOH CERTIFIED TESTER PRIOR TO INSTALLATION. THE TESTER SHALL COMPLETE A NYSDOH TEST REPORT. THE MAINTENANCE OF BACKFLOW PREVENTION DEVICES SHALL BE COMPLETED IN ITS ENTIRETY AND ALL SATISFACTORY TEST RESULTS SHALL BE FORWARDED TO PORT WASHINGTON WATER DISTRICT AND WISCONSIN COUNTY DEPARTMENT OF HEALTH.
- IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO MAINTAIN THE DEVICES. DEVICES TO BE MAINTAINED BY THE PROPERTY OWNER SHALL BE IDENTIFIED BY A NYSDOH CERTIFIED BACKFLOW TESTER WITH RESULTS REPORTED TO PORT WASHINGTON WATER DISTRICT USING NYSDOH FORM # DDM-101T.
- DISCHARGE FROM BACKFLOW DEVICE TO BE POSITIVE WITH EFFLUENT VISIBLE WITH DISCHARGE ABOVE HIGHEST POSSIBLE FLOODING LEVEL.
- ALL WATER SERVICE PIPING AND FITTINGS SHALL BE CERTIFIED "LEAD-FREE" MATERIALS.
- THE PROPOSED BACKFLOW PREVENTION DEVICE SHALL BE LEAD FREE AND SHALL BE FROM A LIST OF APPROVED BACKFLOW PREVENTION DEVICES BY UNIVERSITY OF SOUTHERN CALIFORNIA (USC).
- BACKFLOW DEVICE TO BE ONE SIZE LARGER WHERE PRESSURE IS LOW OR CRITICAL.
- BACKFLOW DEVICE SHALL BE INSTALLED IMMEDIATELY AFTER THE METER IF POSSIBLE. IF THE DEVICE IS NOT IN THE SAME LOCATION AS THE METER, OR IS EVER ORIENTED THAT DIFFER FROM THE METER, THE DEVICE SHALL BE INSTALLED IMMEDIATELY AFTER THE METER. DEVICES SHALL BE STENCILED "FEED LINE TO RIGHT" DO NOT TAP AT 5-FOOT INTERVALS.
- METER PIT SHALL BE KEPT FREE OF SOIL AND DEBRIS.



**TYPICAL METER PIT INSTALLATION PLAN AND ELEVATION**  
SCALE N1:5



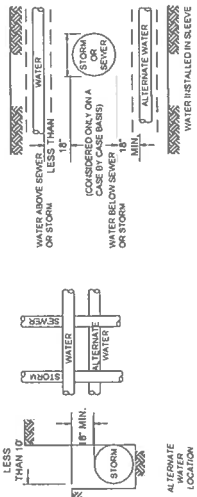
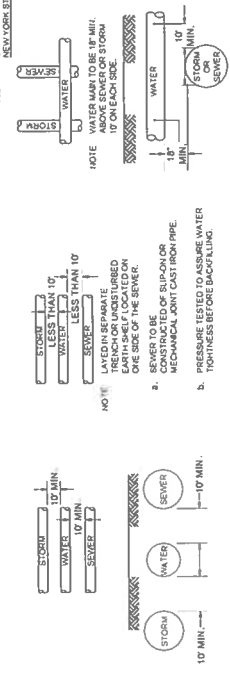
**ALTERNATE TYPICAL METER PIT INSTALLATION PLAN AND ELEVATION**  
SCALE N1:5



- NOTE:**
- WATER SERVICE LINE AND METER ASSEMBLIES ARE NOT TO BE INSTALLED IN DRIVEWAYS.
  - THE NEW WATER SERVICE BETWEEN THE STREET TO THE BUILDING AND THE EXISTING WATER SERVICE BETWEEN THE BUILDING AND UNBRANCHED/ AND UNOBSTRUCTED FROM MAIN TO METER.
  - SERVICE MAINS SHALL NOT BE LESS THAN 4'-10" FT. BELOW FINISHED GRADE.
  - FINAL PLACEMENT OF WATER SERVICE LINE IS AT THE DISCRETION OF PORT WASHINGTON WATER DISTRICT.

**PLOT PLAN**  
SCALE N1:5

REQUIRED SEPARATION DISTANCES  
RECOMMENDED STANDARDS FOR WATER WORKS  
CLEARANCES FOR WATER MAINS AND SEWERS  
NEW YORK STATE DEPARTMENT OF HEALTH



PROPOSED BACKFLOW PREVENTION DEVICE

MANUFACTURER \_\_\_\_\_ MODEL \_\_\_\_\_

ADDRESS \_\_\_\_\_

ENDORSED BY THE PORT WASHINGTON WATER DISTRICT  
INSTALLATION OF A \_\_\_\_\_ (JULY) DOUBLE CHECK VALVE AT \_\_\_\_\_ DATE \_\_\_\_\_



**TYPICAL 3/4" - 1" DOUBLE CHECK VALVE  
METER PIT INSTALLATION FOR RESIDENCE**  
PORT WASHINGTON WATER DISTRICT

BRUCE A. BLAKEMAN  
NASSAU COUNTY EXECUTIVE



NASSAU COUNTY DEPARTMENT OF HEALTH

## Cross-Connection Control Plan Review Fees

Fee Schedule  
(Effective August 1, 2012)

<u>Project Type</u>	<u>Fee Amount</u>
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	
Custom Plans	- \$250 additional

All plans received must be accompanied by a check made out to "Nassau County Department of Health" for the appropriate dollar amount.



2018 NACCHO LOCAL HEALTH DEPARTMENT OF THE YEAR  
200 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501  
Phone: 516-227-9692 Fax: 516-227-9613



**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. Clearances 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.

**IV. Devices must be located directly after the water meter if possible. If the device is not located in the same location as the meter, or if there is no meter, a note stating that all piping not protected by the backflow device shall be stenciled "Feed Line To RPZ/DCV Do Not Tap" at 5 foot intervals.**

# PORT WASHINGTON WATER DISTRICT

38 Sandy Hollow Road, Port Washington, NY 11050 ♦ (516) 767-0171 ♦ (516) 767-1145 -Fax



## Owner Authorization Form

**To Whom It May Concern:**

I (WE), \_\_\_\_\_

**AS THE OWNER(S) OF THE PREMISES SITUATED AT:**

\_\_\_\_\_ (STREET) (City) (ZIP CODE)

**SECTION:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

**HAVE AUTHORIZED:** \_\_\_\_\_

**TO DO:** \_\_\_\_\_

**AT SAID PREMISES.**

**SIGNED:** \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
**ADDRESS**

( ) \_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**DATE**

# ***PORT WASHINGTON WATER DISTRICT***

## ***Specifications & Regulations for Installation of New Service Mains and Replacement / Repair of Existing Service Mains***

- The plumber must be licensed to work in the particular area (village, town).
- The plumber must be bonded in favor of the Port Washington Water District in the sum of \$10,000 (ten thousand dollars) and the bond must stipulate that the plumber shall comply with the rules and regulations of the District.
- An authorization slip from the property owner must be submitted to the District, giving permission for the plumber to do the work. This permission slip must be verified for accuracy by the District and must show the name of the owner, the address, section, block, and lot. This slip must be signed and dated.
- All new services, shall be required to have an approved Backflow Prevention Device. Applications for approval of all Backflow Prevention Devices shall be presented for approval by the District on New York State Department of Health's "Application for Approval of a Backflow Prevention Device", form DOH-347.
- All service lines (Commercial / Residential) shall be no less than 1 inch (1") in diameter and shall be installed in an outside meter pit.
- Final decision for the placement of proposed water service line and the size is at the discretion of the Port Washington Water District.
- For a new or replacement 1 inch (1") service, the copper tubing shall be laid in one continuous length between the main and the meter pit, and from the meter pit to the building. A coupling will be allowed only when the service line is over 100 feet (100'). No joints between these points shall be permitted.
- When the service line is replaced at a residence having an inside meter, the meter shall be reinstalled in an outside meter pit with an approved Backflow Prevention Device.
- No service line shall be installed in a driveway.
- All building construction on a slab, or on a grade with no basement, cellar or crawl space, wherein the water service extends more than four inches (4") inside the outside wall facing the street, the service shall be encased in a sleeve at least ½" larger than said service line, if necessary.
- Plumber must submit a copy of the Street Opening Permit to the Port Washington Water District in advance of the commencement of work.
- On new accounts – all meters, yokes, meter pits and meter covers, and backflow prevention devices shall be purchased from the Port Washington Water District. The materials for the service line installation will be delivered to the premises by the District at the time the tap is made.
- Customers may only purchase water meters from the District. Meters purchased from other vendors are not permitted.
- All materials to be used must meet the Port Washington Water District's standard specifications.
- All materials, labor charges, inspection fees, etc., must be paid for in advance of the start of work.
- Tapping shall be performed by the Port Washington Water District only. All other work shall be done by the plumber. No plumber or other party shall interfere with any service pipe or connection within the District without first notifying said District. No plumber shall be permitted to tap a water distribution main. Tapping shall not be done on Saturdays or holidays.
- Plumbers must give 48-hour notice when a tap or any other type of work is requested.
- No tap shall be made after 2:00p.m.
- All service lines between the street main and the building shall be inspected by the Port Washington Water District before the trench is closed. This trench shall be dug at a right angle from the street to the building, and run in a straight line from the street main to the building.
- Whenever it shall be found that any other than the approved water service lines have been installed, the water will be cut off and will not be restored until the proper service line is installed, approved, and all costs for damage are paid. No further permits will be issued to the violator until all of the violations have been corrected.
- No plumber shall commence work on any service line without first notifying the Port Washington Water District in advance.
- All service lines, when installed, shall not be less than four and one half feet (4 ½') below finished grade. In no case shall any service line and water main be laid in any sewer, gas, electric or drain trench, nor any cesspool or sewer line.
- The meter pit for a one inch (1") service shall be placed upon not less than three (3) bricks at the bottom to prevent settling. The meter pit cover shall be installed at finished grade and left at finishing grade when the grading is complete. It is the responsibility of the plumber to install the meter pit; to protect it during construction; and to leave it at finishing grade when the construction and grading are fully complete, before the installation is accepted by the Port Washington Water District.
- All new one inch (1") or larger copper water service lines shall be encased (sleeved) in at least ½" larger than said service line from the point where it is tapped onto the District water main (corporate cock) to the inside of the meter pit. The sleeve must be of polyvinyl chloride plastic (PVC) pipe. After testing, it shall be sealed at each end with duck seal to prevent dirt and debris from entering the sleeve.