

Request to Install a Backflow Prevention Device

Description: Prior to the installation of a backflow prevention device, approval must be approved from the Village/Town of Mount Kisco and the Westchester County Department of Health.

Applicable Codes: Village/Town of Mount Kisco Article II and Part 5, Subpart 5-1, Section 5-1.31 of the New York State Sanitary Code and Chapter 873, Article VII, Section 873.707 of the Laws of Westchester County, NY.

Fees: A check made out to the Village/Town of Mount Kisco for \$75.00 per application and a check for \$180.00 per device made out to the Westchester County Department of Health.

Applicants should contact the Building Department (914-864-0019) to determine the required type of backflow prevention device for their facility. A completed application packet must be submitted to the Building Department for their review and signature. Once a complete application is approved by the Building Department, it will then be forwarded to the Westchester County Department of Health (WCDOH) for their review and final approval.

Submittal: When requesting approval of a project pursuant to the above provision, the following list serves as the minimum filing requirements:

- (1) A completed Form DOH 347 *Application for Approval of Backflow Prevention Device*, plans, Engineer's Report and specifications, five (5) sets, are to be submitted, and once reviewed by the Mount Kisco Building Department for completion will then be forwarded to the Westchester County Department of Health for their review and final approval. The plans and Engineer's Report must bear the original seal and original signature of a design professional (Professional Engineer or Registered Architect, licensed and registered in the State of New York).
- (2) A separate application is required for each backflow device.
- (3) A completed Certification of Resolution (if the owner is a corporation).
- (4) Letter of Authorization which authorizes the design professional to file applications on behalf of the owner.
- (5) The design professional's report must include the service water demand and a statement that the proposed device is capable of satisfying this demand.
- (6) All plans must be prepared to Title VIII, Article 142, and Section 7203.2 of the New York State Education Law and bear the warning statement.
- (7) Piping for the device(s) must be shown in plan and profile views, clearly labeled, dimensioned and detailed.
- (8) Bypass piping without cross-connection protection is prohibited. If a bypass is necessary, a backflow prevention device must be installed on such.

(9) The backflow preventer must be installed a minimum of thirty inches (30") above the floor level or eighteen inches (18") from the floor to the bottom of discharge port (whichever is greater). Devices must be installed so that there is access for servicing and testing. Any devices installed at greater than 5'-0" off the floor must include an OSHA approved safety platform for test procedures, and this must be noted on the drawings. A device cannot be installed closer than twenty-four inches (24") from a ceiling or any vertical obstruction(s).

(10) A minimum of twelve inches (12") of clear space shall be maintained above the shut off valve.

(11) A minimum of thirty inches (30") is required in front of the backflow preventer. A minimum of eight inches (8") is required behind the backflow preventer. Devices in parallel must be thirty inches (30") apart.

(12) Vertical installation of backflow preventers will be accepted if the device is approved by New York State for that type of configuration. The flow direction must be denoted on the plans.

(13) Reduced Pressure Zone (RPZ) Devices must be installed with an air gap. The air gap shall be twice (2x) the diameter of the discharge (relief valve) port. The air gap and discharge port size must be clearly noted on the drawings. All waste discharges must drain in general to a sanitary sewer or disposed of in an approved manner, which will be reviewed on a case-by-case basis. When the discharge pipe is to be connected directly to a sanitary sewer line, a P-Trap and Backwater Check Valve must be provided.

(14) RPZ discharge piping and receptacles must meet the sizing criteria as delineated in the *supplement to the 1981 CROSS-CONNECTION Control Manual* for **catastrophic failure**. If this is not possible, then a discharge sensor, alarm, and automatic shutoff valve may be considered as a special circumstance by the Department of Health. All special circumstances are reviewed on a case-by-case basis.

(15) Adequate provisions must be made for heat and light and such shall be clearly noted on the plans.

(16) Valves must be situated on both sides of the backflow prevention date. A strainer must be placed on the feed side of all devices other than fire services utilizing Double Check Valves (DCV). These items must be clearly noted on the plans.

(17) Site plan showing building address, building locations, cross streets, northern direction, water service and water main size and location, and device location within the premises is required.

(18) If a building or facility has more than one backflow preventer, they may all be included on one plan, provided they are clearly located and identified. If they are all of the same make, model and size, one typical detail may suffice, otherwise a separate detail for each shall be provided.

(19) **For Devices Installed in Pits:** A pit must be capable of being drained by gravity to grade (daylight). The discharge piping must be of sufficient size and set at adequate grade to take the entire discharge of the RPZ. The discharge pipe shall be adequately supported and equipped with flap valve and screen to prevent the entrance of cold air, small animals and rodents and must discharge to a non-pedestrian area. The plans must clearly indicate that discharge to the outside is to a non-pedestrian area.

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 complete 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 <input checked="" type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device 8a. <input type="checkbox"/> New Service <input checked="" type="checkbox"/> Existing Service 8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
Full Mailing Address Address		Street				
City		State	Zip			
Owner's Signature		Date		M / D / Y		
9. Name of Design Engineer or Architect					10. NYS License #	
Street Address City State Zip					<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
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			12. Estimate Installation Cost		12a. Estimate Design Cost	
Max	Avg	Min	List of processes or reasons that lead to degree of hazard checked:			
13. Degree of Hazard			<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable			
14. Public water supply name			Name of supplier's designate representative			
Mailing Address			Title			
Street						
City State Zip						
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.

Report on Test and Maintenance
 of Backflow Prevention Device

PART A		Please use a separate form for each device.				For the year _____			
						<input type="checkbox"/> Initial test - Complete entire form <input type="checkbox"/> 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 _____ psig			
Test before repair	Leaked Closed tight <input type="checkbox"/>	Leaked Closed tight <input type="checkbox"/>	Opened at _____ psid	Date					
	Pressure drop across first check valve _____ psid			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M D Y		
Describe repairs and materials used					Repaired by Name _____				
						Lic # _____			
						Date repaired:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						M D Y			
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date					
Pressure drop across first check valve _____ psid						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <input type="checkbox"/> meets, <input checked="" type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			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)

**CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION**

The undersigned, _____ of _____

Name of Corporation _____, a corporation

Duly organized and validly existing under the laws of (State) _____

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the _____ day of _____ 20____

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) _____

With Offices at: _____

Hereby authorized (Name of person authorized): _____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for a permit to operate (type of operation): _____

To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate on this _____ day of _____, 20____.

OFFICER'S SIGNATURE: _____

TITLE: _____

ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____): ss:

Affix Corporate
Seal

On this _____ day of _____, 20____, before me personally came _____ to me known, and known to me to be the _____ of the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____ of said corporation and that (s)he signed his/her name hereto.

Notary Public

County