

REQUEST TO INSTALL A BACKFLOW PREVENTION DEVICE

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

Applicable Codes: Village/ Town of Mount Kisco Article III and Part 5, Subpart 5-1 Section 5-1.31 of the New York State Sanitary Code and Chapter 873, Article VII, Section 873.707.1 of the Laws of Westchester County, NY.

Fees: Check made out to the Village/ Town of Mount Kisco for \$75.00 per application and a check for \$150.00 to the Westchester County Department of Health per device.

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 received and reviewed for completeness by the Building Department it will be then 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 a Backflow Prevention Device*, plans, Engineer's Report, and specifications, 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 prevention 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 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 pursuant to Title VI11, Article 142, and Section 7209.2 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") to 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 the NY State for that type of configuration. The flow direction must be noted 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 shall be clearly noted on the plans.
 - (16) Valves must be situated on both sides of the backflow prevention device. 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.
 - (20) Revised applications will be submitted to the Building Department for signature and then will be forwarded to the Westchester County Department of Health.

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		3. County							
4. Location of Facility <small>Street</small>			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 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 Address <small>street</small>			8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations									
City			state	zip								
Owner's Signature			Date <u> </u> / <u> </u> / <u> </u> M D Y									
9. Name of Design Engineer or Architect				10. NYS License #								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Street</small> Address</td> <td style="width: 50%;"><input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other</td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td>Zip</td> </tr> </table>				<small>Street</small> Address	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	City		State	Zip	10a. Telephone Number(s)		
				<small>Street</small> Address	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other							
City												
State	Zip											
Original ink signature and seal required on all copies				Date <u> </u> / <u> </u> / <u> </u> M D Y								
11. Water System Pressure (psl) at Point of Connection			12. Estimate Installation Cost		12a. Estimate Design Cost							
Max	Avg	Min										
13. Degree of Hazard			List of processes or reasons that lead to degree of hazard checked:									
<input type="checkbox"/> Hazardous			_____									
<input type="checkbox"/> Aesthetically Objectionable			_____									
14. Public water supply name			Name of supplier's designate representative									
Mailing Address			Title									
<small>street</small>			_____									
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 _____
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply	Account No	County	Block	Lot
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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
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
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Test before repair	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		
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"/> M D Y
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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"/> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number	Meter Reading	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____
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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 owners (or owners 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="text"/> <input type="text"/> <input type="text"/> m d y	NYS DOH Log # _____
License Number	Phone () _____		

Representing	Describe minor installation changes
Address	
City State Zip	
Signature	

**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 if 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:

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