BETHPAGE WATER DISTRICT
25 Adams Avenue • Bethpage, NY 11714
(516) 931-0093 • Fax: (516) 931-0068
www.bethpagewater.com
email: info@bethpagewater.com

NEW SERVICE REQUEST

The *property owner* must submit a Letter of Water Availability addressed to Board of Commissioners Attn: John Coumatos. State in the letter whether proposed building is for residential or commercial use. Also enclose a copy of a survey with section, block and lot numbers. Please include property owner's contact information, mailing address, phone number and email address.

NEW RESIDENTIAL 1" SERVICE
After you receive Bethpage Water District response to Water Availability: Please submit
Completed DOH 347 form & report on test and maintenance form DOH 1013
4 copies of the plot plan including ALL underground utilities
Plumbers card, dated and signed (this will be completed at the office with the completed service packet and payment is submitted to the District)
Town of Oyster Bay or Hempstead road opening permit

Plumber hired must be licensed in respective township and file a one year $5,000.00 Performance Bond with the Bethpage Water District

Payment for meter and appurtenances must be made by cash or certified check. Aforementioned will not be ordered until payment is received.
Current fee is $4,250.00 for 1" residential service.

Meter and appurtenances larger than 1" are not stocked and waiting time is subject to receipt of same.

Normal tapping should be scheduled at least 1 week in advance.
Water district will deliver meter and appurtenances on the day of the tap.

All commercial plans must be accompanied by a check made out to "Nassau County Department of Health" for plan review. Please contact Bethpage Water for fee schedule.

Commercial taps cannot be made until plans are reviewed and approved by Nassau County Health Department.

Final reading form for sale of all properties also attached

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Water Availability Letter Checklist

1. Street address of the property.
2. Nassau County tax map (section, block, lot}.
3. Proof of ownership & contact information.
4. Brief description of property and proposed project.
5. Quantity and size of proposed domestic service connections.
6. Preliminary project schedule when new water service will be needed.

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	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
			☐ 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

Address (Street) _____
City _____
State _____ Zip _____

Signature _____

Original ink signature and seal required on all copies

10. NYS License #
☐ PE ☐ RA ☐ Other

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 ____		

13. Degree of Hazard
☐ Hazardous
☐ Aesthetically Objectionable

List of processes or reasons that lead to degree of hazard checked:
_____
_____

14. Public water supply name

Mailing Address
_____ (street)
_____ City _____ State _____ Zip _____

Telephone No. ( )

Name of supplier's designate representative

Title _____

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
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

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

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) 9 Domestic 9 Fire 9 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.)

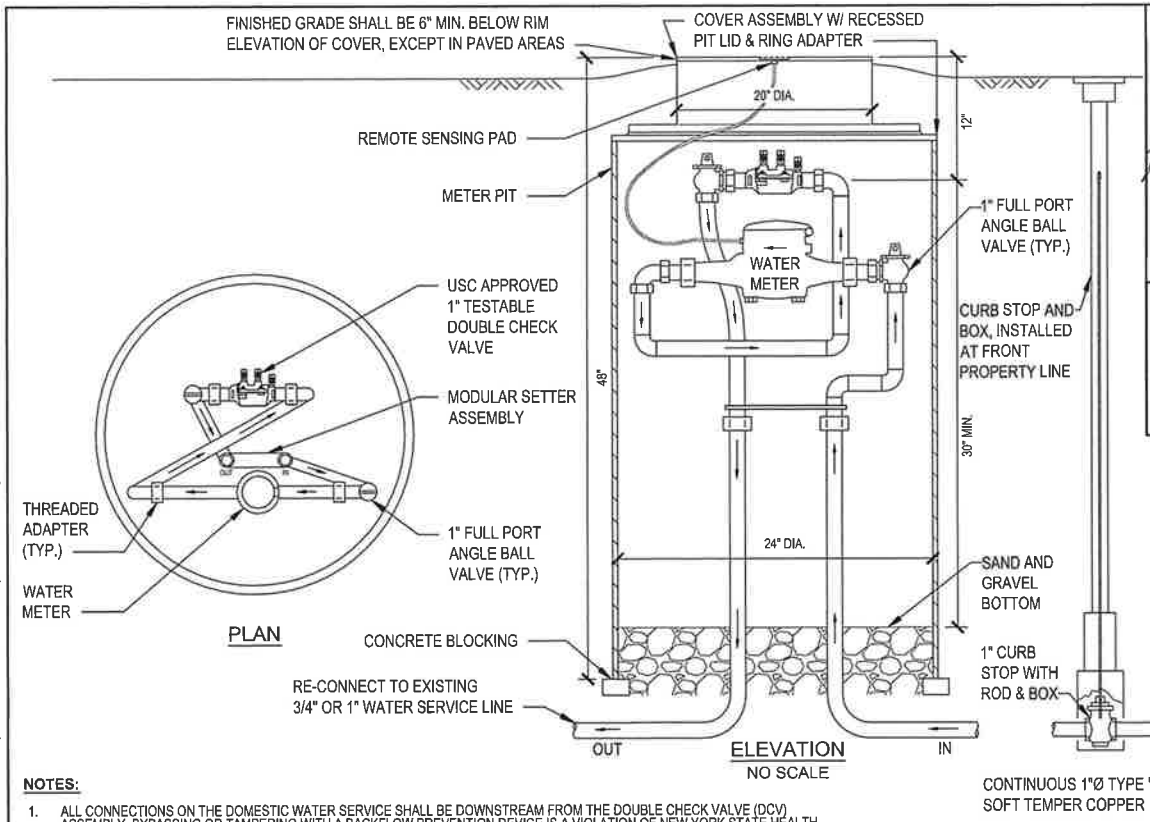
I hereby certify that this installation is in accordance with the approved plans.

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.

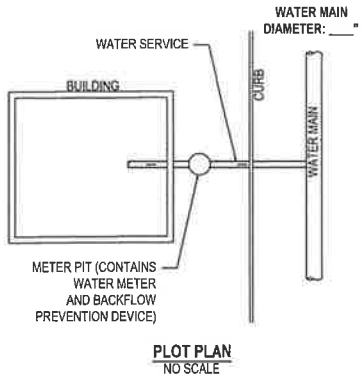
DOH- 1013(9/91)



SEAL

NOTIFICATION REQUIREMENTS:

THE PLUMBER SHALL NOTIFY THE BETHPAGE WATER DISTRICT (561-931-0093) AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.



PLOT PLAN
NO SCALE

PLOT PLAN NOTES:

1. THE CORPORATION STOP, CURB STOP, CURB BOX, ROD, SETTER ASSEMBLY WITH ANGLE BALL VALVES, METER PIT, COVER ASSEMBLY WITH LID AND RING ADAPTOR, AND METER WITH SENSING PAD MUST BE PURCHASED FROM THE DISTRICT, IF AVAILABLE.
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. BRANCH CONNECTIONS OF ANY KIND ARE STRICTLY PROHIBITED IN THE METER PIT AND/OR PRIOR TO THE BACKFLOW DEVICE.
4. 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 SANITARY SEWER, AND 4'-0" BETWEEN OTHER UTILITIES OR STRUCTURES, UNLESS OTHERWISE SPECIFIED. SHARING OF TRENCHES WITH OTHER UTILITIES WILL NOT BE PERMITTED.
5. METER PITS SHALL BE INSTALLED INSIDE THE FRONT PROPERTY LINE AT A DISTANCE DETERMINED BY THE DISTRICT.
6. METER PITS SHALL NOT BE INSTALLED IN DRIVEWAYS OR PARKING AREAS.
7. METER PIT SHALL BE FREE OF SOIL AND DEBRIS.

NOTES:

1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE DOUBLE CHECK VALVE (DCV) ASSEMBLY. BYPASSING OR TAMPERING WITH A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT (NYSDOH) RULES AND REGULATIONS.
2. DCV SHALL BE INSTALLED AS SHOWN. THE INSTALLATION MUST BE IN CONFORMANCE WITH THE REQUIREMENTS OF THE NYSDOH, NASSAU COUNTY DEPARTMENT OF HEALTH, THE WATER DISTRICT AND LOCAL PLUMBING CODES. DEVIATIONS FROM THE APPROVED PLANS ARE NOT ALLOWED WITHOUT THE WRITTEN APPROVAL OF THE WATER DISTRICT.
3. PLUMBER SHALL BE LICENSED BY THE TOWN AND SHALL BE APPROVED BY THE WATER DISTRICT.
4. 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 WATER DISTRICT AND NASSAU COUNTY DEPARTMENT OF HEALTH.
5. IT IS THE OWNER'S RESPONSIBILITY FOR THE DCV TO BE TESTED AND INSPECTED AT LEAST ANNUALLY BY A NYSDOH CERTIFIED BACKFLOW TESTER WITH RESULTS REPORTED TO THE WATER DISTRICT USING NYSDOH FORM # DOH-1013.
6. SETTER ASSEMBLY FOR DCV AND WATER METER MUST BE APPROVED BY THE WATER DISTRICT PRIOR TO INSTALLATION.
7. DCV DEVICE MUST NOT BE SUBJECTED TO FLOODING OR FREEZING.
8. DCV SHALL BE LEAD-FREE AND APPROVED BY USC FOUNDATION FOR CROSS-CONNECTION CONTROL AND HYDRAULIC RESEARCH.
9. DCV SHALL BE INSTALLED TO ALLOW ADEQUATE ACCESS TO THE TEST OUTLETS.
10. DCV WILL CAUSE A DECREASE IN PRESSURE. SEE MANUFACTURER'S FLOW CURVES FOR PRESSURE LOSSES.
11. IF THE DISTANCE BETWEEN THE WATER METER AND THE BACKFLOW PREVENTION DEVICE IS GREATER THAN 10 FEET, THEN THE EXPOSED PIPING MUST BE LABELED "FEED LINE TO DCV - DO NOT TAP".

ENDORSED BY BETHPAGE WATER DISTRICT FOR INSTALLATION OF A 1-INCH DOUBLE CHECK VALVE AT

_____ (ADDRESS)

ON _____ (DATE).

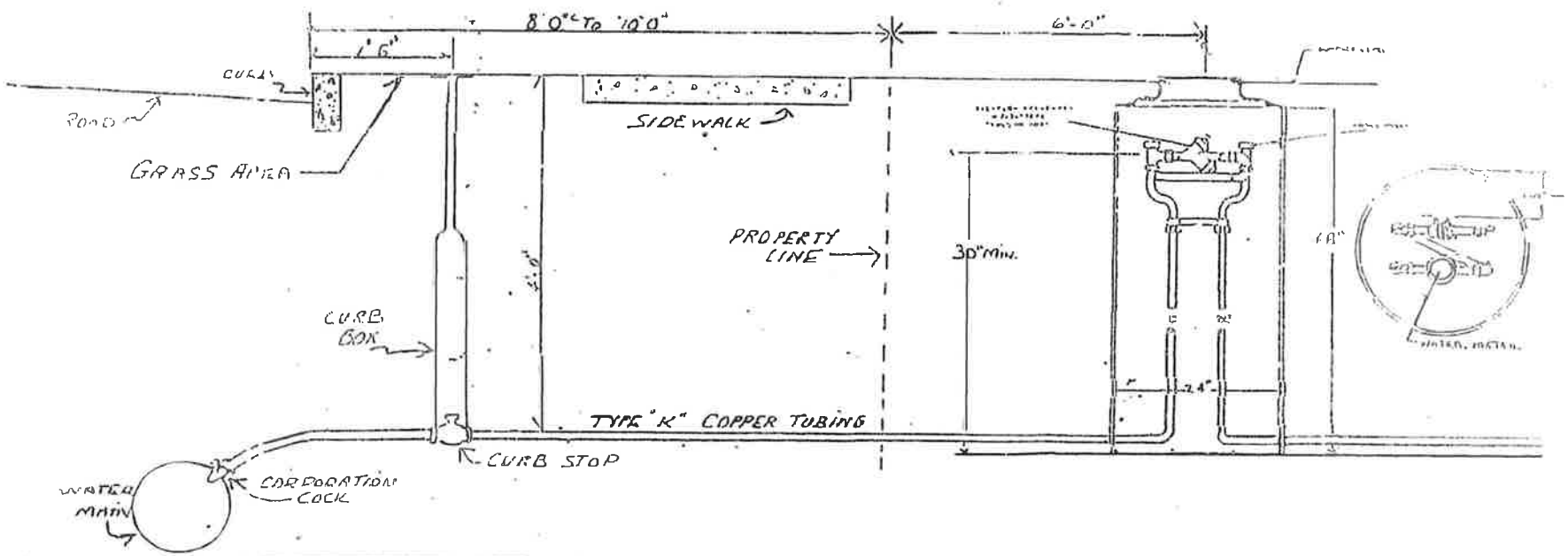
NASSAU COUNTY DEPARTMENT OF HEALTH

PREPARED FOR THE BETHPAGE WATER DISTRICT
DATE: JULY 2026

BETHPAGE WATER DISTRICT

1" DOUBLE CHECK VALVE - TYPICAL RESIDENTIAL METER PIT 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



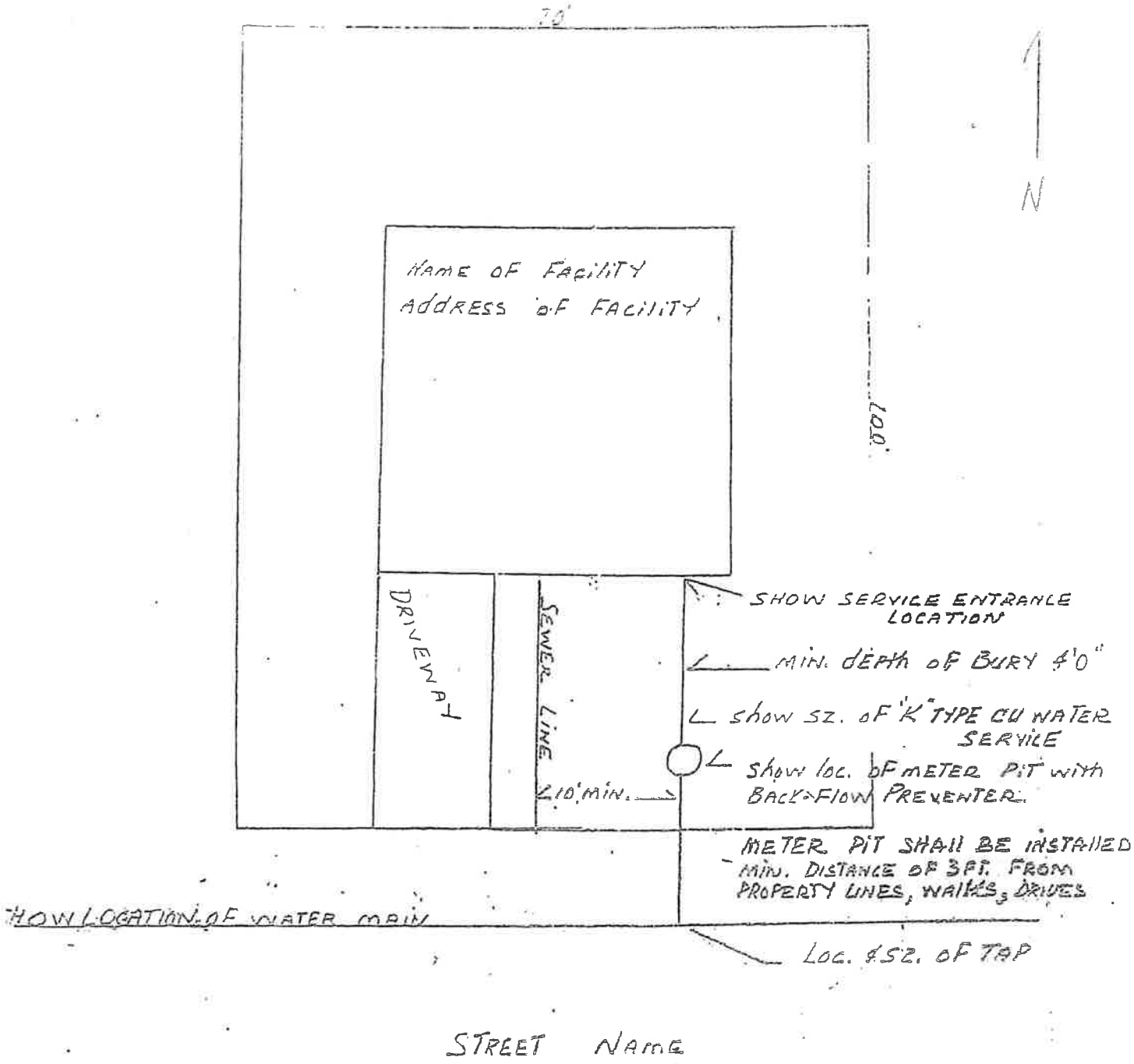
LIST OF MATERIALS FURNISHED BY BETHPAGE WATER DISTRICT and including TAPPING & INSPECTION FEE'S

CORPORATION COCK, CURB STOP, CURB BOX, CURB BOX RISER ROD, WATER METER, BACK-FLOW-PREVENTER, "I" SETTER, METER PIT, METER PIT COVER & ADAPTER RING

NOTE:- CURB STOP, SERVICE PIPES, & METER PITS TO BE KEPT 3 FT. CLEAR OF DRIVEWAYS

- ALL SERVICE PIPES TO BE LAID A MIN. DISTANCE OF 10 FT. FROM SEWER LINES
- NO JOINTS PERMITTED BETWEEN TAP & CURB STOP & BETWEEN CURB STOP & METER
- NO SWEATED JOINTS PERMITTED
- THIS DIAGRAM IS FOR 1" RESIDENTAL SERVICE. FOR LARGER CALL OFFICE
- NO OTHER UTILITIES SHALL BE INSTALLED WITHIN 4 FT. OF H2O SERVICE

BETHPAGE WATER DIST.
25 RAMS AVE
BETHPAGE N.Y. 1171
PHONE 931-0091



BETHPAGE WATER DISTRICT
25 ADAMS AVENUE
BETH PAGE N.Y. 11714
PHONE 931-0093

NO-SCALE RJK