

## BETHPAGE WATER DISTRICT

25 Adams Avenue • Bethpage, NY 11714  
(516) 931-0093 • Fax: (516) 931-0068  
[www.bethpagewater.com](http://www.bethpagewater.com)  
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### COMMISSIONERS

**John F. Coumatos**  
Chairman

**Theresa M. Black**  
Treasurer

**Scott A. Greco**  
Secretary

**Michael J. Boufis**  
Superintendent

**Joseph H. Daub**  
Asst. Superintendent

**Michael F. Ingham**  
Counsel to the District

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## 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.

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### NEW RESIDENTIAL 1" SERVICE

- 1) After you receive Bethpage Water District response to Water Availability: Please submit Completed DOH 347 form & report on test and maintenance form DOH 1013
- 2) 4 copies of the plot plan including ALL underground utilities
- 3) Plumbers card, dated and signed (this will be completed at the office with the completed service packet and payment is submitted to the Water District)
- 4) Town of Oyster Bay or Hempstead - road opening permit
- 5) Plumber hired must be licensed in respective township and file a one year \$5,000.00 Performance Bond with the Bethpage Water District
- 6) Payment for the meter and appurtenances must be made by cash or certified check. Aforementioned will not be ordered until payment is received. The current fee is \$4,250.00 for 1" residential service.
- 7) Meter and appurtenances larger than 1" are not stocked and waiting time is subject to receipt of same.
- 8) 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\*\***

**TEMPORARY OFFICE LOCATION: 15 GRUMMAN ROAD WEST SUITE 1450  
LOWER LEVEL, BETHPAGE, NY 11714**

# 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
Full Mailing Address <small>Address</small> <small>street</small>					8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service
City state zip					8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
Owner's Signature			Date <u>    </u> / <u>    </u> / <u>    </u> M D Y		

9. Name of Design Engineer or Architect			10. NYS License #		
<small>Street</small> Address City State Zip  Signature  Original Ink signature and seal required on all copies			<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other  10a. Telephone Number(s)  Date <u>    </u> / <u>    </u> / <u>    </u> 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 <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 Mailing Address  <small>street</small>  City state zip Telephone No. (    )			Name of supplier's designate representative Title  Signature <u>                    </u> <u>    </u> / <u>    </u> / <u>    </u> 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.