

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



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

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

- 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****

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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.

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>		<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)	
# 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>street</small>		8a.			
<small>City</small>		<small>state</small>		<small>zip</small>	
Owner's Signature		Date <u> </u> / <u> </u> / <u> </u> <small>M D Y</small>		<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service	
				8b.	
				<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
9. Name of Design Engineer or Architect			10. NYS License #		
<small>Street</small> Address _____ <small>City</small> City _____ <small>State</small> _____ <small>Zip</small> _____			<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other		
Original Ink signature and seal required on all copies _____ Signature			10a. Telephone Number(s)		
			Date <u> </u> / <u> </u> / <u> </u> <small>M D Y</small>		
11. Water System Pressure (psi) at Point of Connection		12. Estimate Installation Cost		12a. Estimate Design Cost	
<small>Max</small> <small>Avg</small> <small>Min</small>					
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>			_____		
<small>City</small> <small>state</small> <small>zip</small>			Signature _____		
Telephone No. ()			<small>M D Y</small>		

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 _____
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Facility Name _____ Address _____ <small>Street City Zip</small>	Location of Device _____ _____ _____
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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
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y

Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
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Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
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Water Meter Number _____	Meter Reading _____	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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 _____
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Property owner-s (or owner-s agent) certification that test was performed:

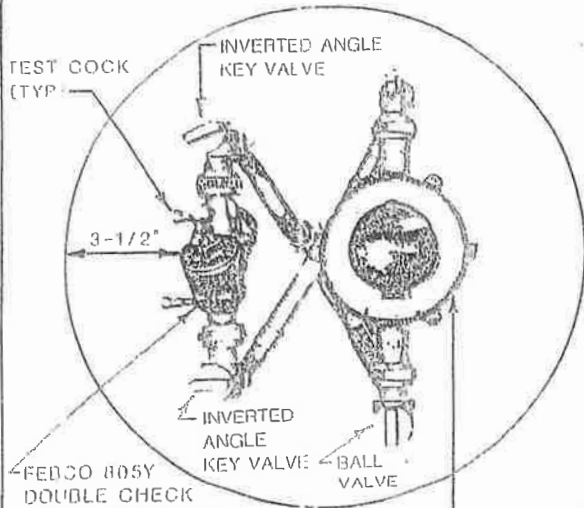
Print Name _____	Title _____	Signature _____	Telephone (____) _____-_____
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PART B Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)

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

Name _____	Title _____	Date _____	NYS DOH Log # _____
License Number _____	Phone (____) _____	m d y	
Representing _____	Describe minor installation changes		
Address _____			
City _____ State _____ Zip _____			
Signature _____			

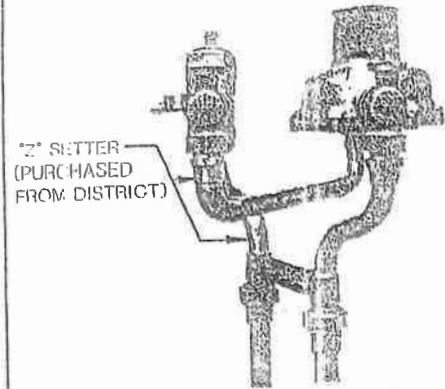
NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device. Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made. DOH- 1013(9/91)



FEDCO 805Y DOUBLE CHECK VALVE ASSEMBLY (PURCHASED FROM DISTRICT)

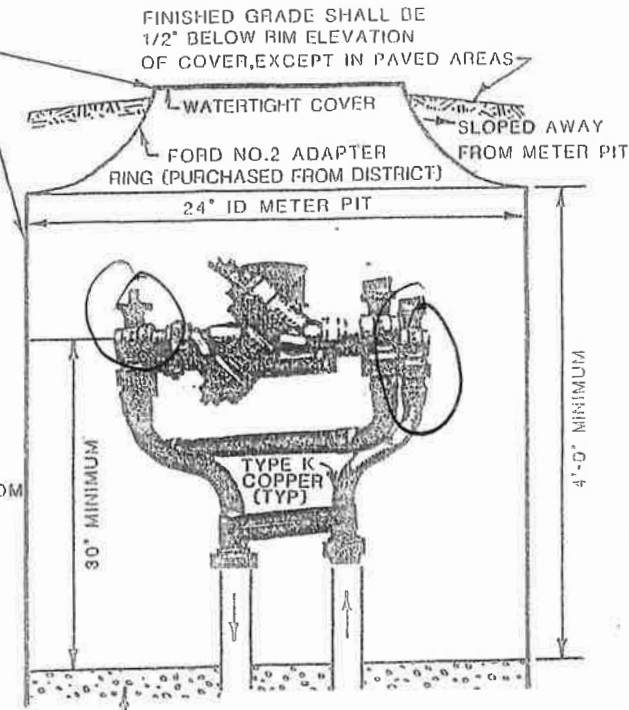
WATER METER (PURCHASED FROM DISTRICT)

PLAN VIEW
NO SCALE



"Z" SIDE VIEW OF SETTER ASSEMBLY
NO SCALE

BITUMINOUS COATED METER PIT AND 15" DIA. FORD C-53 COVER. (PURCHASED FROM DISTRICT)



ELEVATION
NO SCALE

NOTIFICATION TO WATER DISTRICT

THE CONTRACTOR SHALL NOTIFY SUPERINTENDENT RONALD KRUMHOLTZ OF THE BETHPAGE WATER DISTRICT AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK (931-0093).

NOTES:

1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE DOUBLE CHECK VALVE ASSEMBLY. BYPASSING OF A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
2. ALL INSTALLATIONS SHALL BE IN ACCORDANCE WITH ALL APPLICABLE NASSAU COUNTY HEALTH DEPARTMENT REQUIREMENTS.
3. ALL BACKFLOW PREVENTION DEVICES MUST BE TESTED AT LEAST ANNUALLY WITH RESULTS REPORTED TO THE NASSAU COUNTY HEALTH DEPARTMENT ON NEW YORK STATE FORM GEN 215.

APPROVED BY: _____

MICHAEL J. ALARCON, P.E., DIRECTOR
BUREAU OF PUBLIC WATER SUPPLY
NASSAU COUNTY DEPARTMENT OF HEALTH

DATE: _____

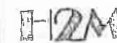
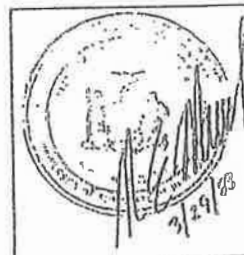
PLAN No. _____

BETHPAGE WATER DISTRICT
3/4" & 1" DOUBLE CHECK
VALVE ASSEMBLY
STANDARD DETAIL

PIT INSTALLATION

APPROVED BY THE BOARD OF WATER COMMISSIONERS

DATE: May 5, 1983 *[Signature]*



HOLZMACHER, McLENDON & MURRELL, P.C.
CONSULTING ENGINEERS, ENVIRONMENTAL SCIENTISTS and PLANNERS

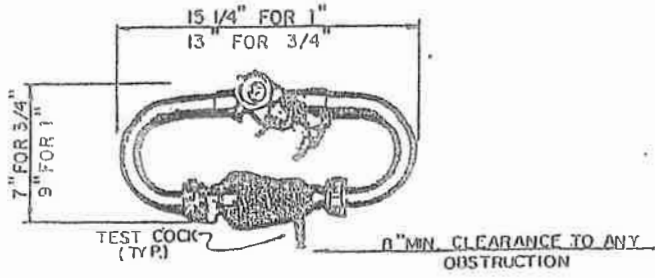
DESIGNED BY
EARTHQUAKE
RESISTANT

RECEIVED

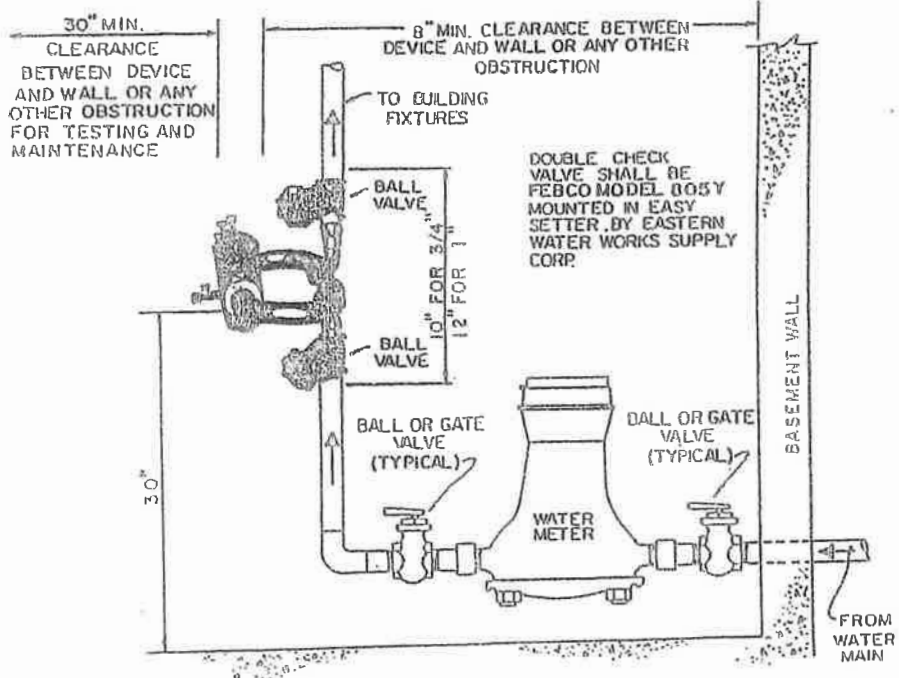
NASSAU COUNTY
DEPARTMENT OF HEALTH



ANGLE VIEW
SHOWING SEPARATION OF
ELBOWS
NO SCALE



PLAN
NO SCALE



ELEVATION
NO SCALE

*Final Approval
1/2/85*

NOTIFICATION TO WATER DISTRICT

THE CONTRACTOR SHALL NOTIFY SUPERINTENDENT RONALD KRUMHOLZ OF THE BETHPAGE WATER DISTRICT AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK (931-0093).

GENERAL NOTES:

1. All connections on the domestic water service shall be downstream from the double check valve assembly. The passing of a backflow prevention device is a violation of New York State Health Department rules and regulations.
2. All installations shall be in accordance with all applicable Nassau County Health Department regulations.
3. It is the owner's responsibility to test all double check valve assemblies at least annually with results reported to the Bethpage Water District and Nassau County Health Department on New York State Form DEN 213.
4. All meters, easy setters & FIBCO Model 805Y double valve devices must be purchased from the District.
5. Bethpage Water District has standardized on FIBCO.
6. The plumber shall be licensed by the Town of Oyster Bay and shall be approved by the Bethpage Water District.
7. Caution: A workable pressure relief valve must be installed at all times on the hot water heating system at this installation.

APPROVED BY: _____
MICHAEL J. ALARCON, P.E., DIRECTOR
BUREAU OF PUBLIC WATER SUPPLY
NASSAU COUNTY DEPARTMENT OF

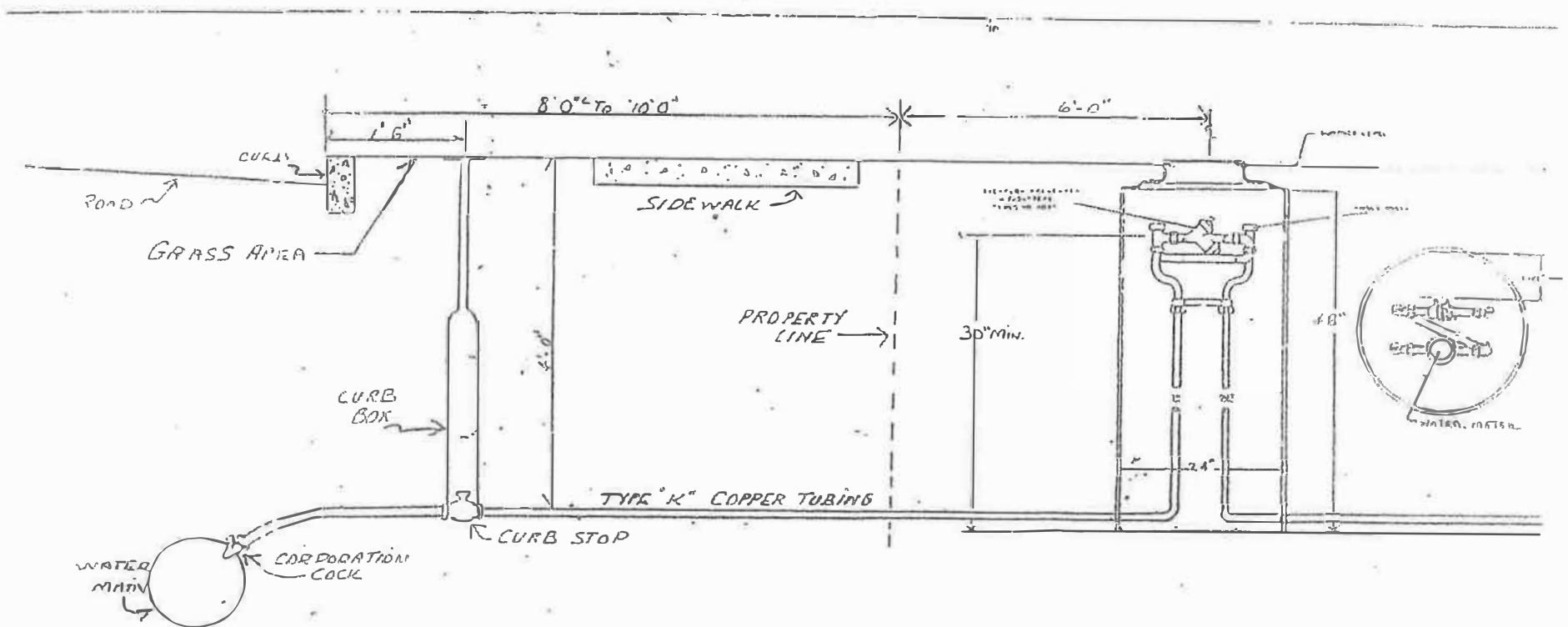
DATE: _____

PLAN No. _____

BETHPAGE WATER DISTRICT
3/4\" & 1\" DOUBLE CHECK
VALVE ASSEMBLY
STANDARD DETAIL

BASEMENT INSTALLATION

Alco
APPROVED BY THE BOARD OF WATER COMMISSIONERS
DATE: *1/10/85*

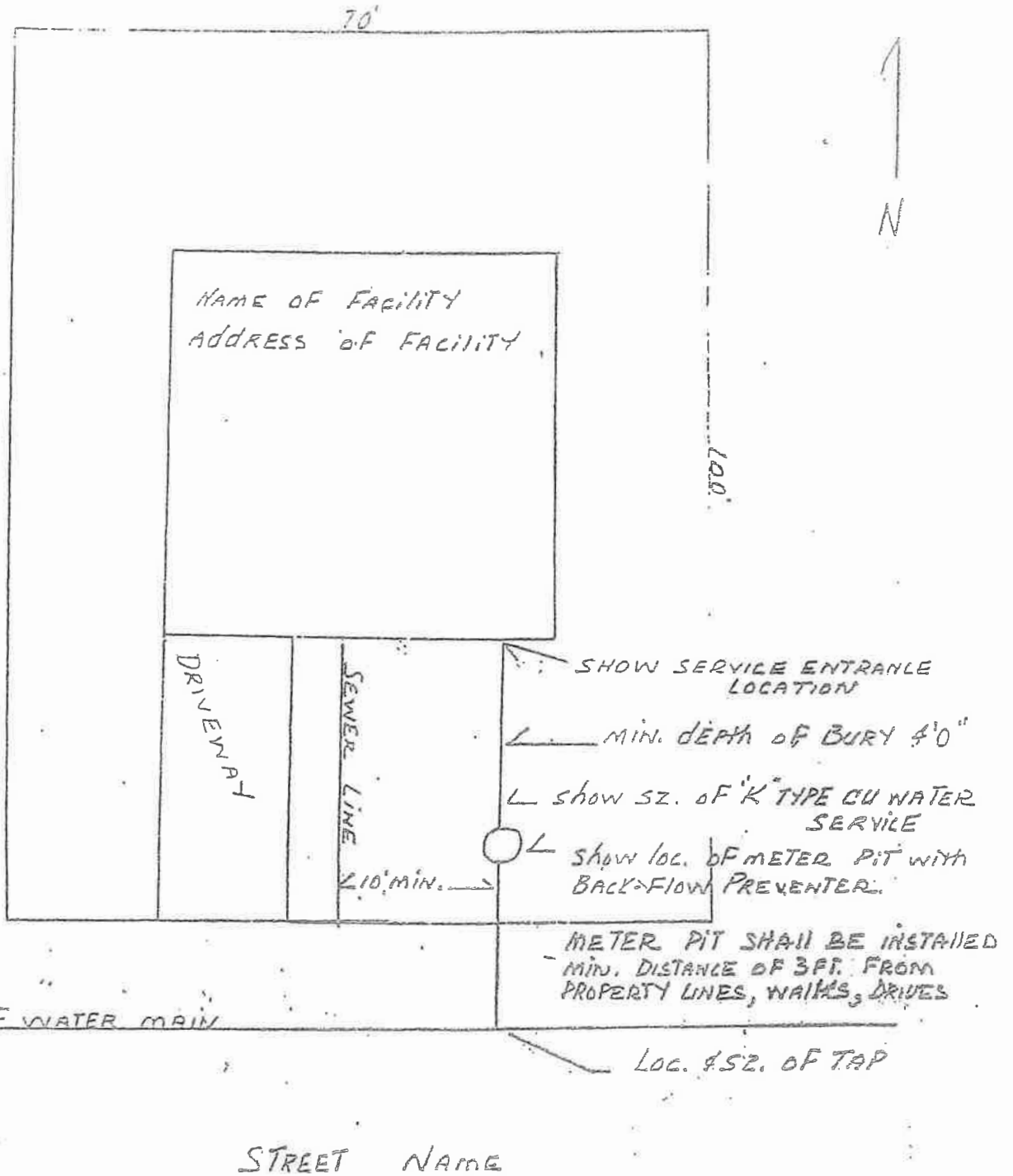


LIST OF MATERIALS FURNISHED BY
 BETHPAGE WATER DISTRICT
 AND INCLUDING TRAPPING & INSPECTION FEES

CORPORATION COCK, CURB STOP, CURB BOX,
 CURB BOX & ROD, WATER METER, BACK-FLOW-
 PREVENTER, 7" 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" RESIDENTIAL
 SERVICE. FOR LARGER CALL OFFICE
 NO OTHER UTILITIES SHALL BE
 INSTALLED WITHIN 4 FT. OF H2O SERVICE

BETHPAGE WATER
 25 ADAMS AVE
 BETHPAGE N.Y. 1171
 PHONE 931-0091
 AND SCALE R.J.K.



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

NO-SCALE RJK