



BETHPAGE WATER DISTRICT

25 ADAMS AVENUE, BETHPAGE, NY 11714-1304

(516) 931-0093 FAX (516) 931-0068



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SAL J. GRECO
CONSULTANT

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

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 \$4000.00 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

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

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 _____				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 _____ psi		
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____ M D Y		
	Pressure drop across first check valve _____ psid					
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____ M D Y		
	Pressure drop across first check valve _____ psid					
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 _____			
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 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 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 _____		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.

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

PART A - To Be Completed by Certified Tester

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
 - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - C Whether check valve #2 leaked or closed tight.
 - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.

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 style="font-size: 8px;">Street</small>		<small style="font-size: 8px;">City</small>	<small style="font-size: 8px;">state</small>	<small style="font-size: 8px;">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	
# of Fire Services		# of Domestic Services		Total # of Services	
# of Fire Services		# of Domestic 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		8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
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