



## Checklist for Compliance with New Service Requirements

- Plumber signed up
- Owner and Builder signed up
- RPZ Plans are submitted (Commercial)
- Fixture count
- Maximum gallons per minute demand for large services
- Service & Meter Sizing by Chief Engineer
- Approved Fire Marshall Plans (Fire Line)
- RPZ Plans endorsed by Chief Engineer & Sent to Health Department
- Plumber makes arrangements for service inspection (hole must be open)
- Inspection for WAWNC for service installation
- Chief Engineering does new service cost estimate
- Letter is sent out to customer with cost estimate
- Payment is made for New Service Estimate
- Inspection for RPZ installation (if applicable)
- Permit is applied for by WAWNC
- Once permit is received a Utility Mark Out is requested
- WAWNC installs service line
- Appointment is made for an inspection for meter hook-up
- Inspection for RPZ installation (if applicable)
- Appointment is made for meter installation and turn on of water service

**1580 Union Turnpike, New Hyde Park, NY 11040-1762**  
**(516) 327-4100 ♦ Fax (516) 327-4087**

**[www.wawnc.org](http://www.wawnc.org)**



## APPLICATION FOR NEW SITE

Register No.		Date:	
Address		Proposed Service Size:	
City	Zip	Type of Service: <input type="checkbox"/> Residential	
Cross Street		<input type="checkbox"/> Commercial <input type="checkbox"/> Fire	

### BUILDER or OWNER INFORMATION

Builder	Owner
Address	Address
Builder's Phone No. (    )	Owner's Phone No. (    )
Builder's Signature	Owner's Signature

### PLUMBER INFORMATION

Plumber:		
Address		License Number:
City	Zip	Expiration Date:
Phone No. (    )		
Plumber's Signature		

<b><i>The number and type of fixtures to be installed in the above premises are as follows:</i></b>			
Bathtub	Bar Sink	Bidet	Clothes Washer
Cuspidor	Dishwasher	Drinking Fountain	Hose Bibb
Kitchen Sink	Lavatory	Laundry Tub	Shower Head
Service Sink	Urinal Pedestal	Urinal Wall	Urinal Tank
Wash Sinks	WC Flushometers	WC Tank	Other
Lawn Sprinkler: No. of Heads:			
Total Number of Fixture Units, if Known			

<b>The building is to be occupied as:</b>	
<b>The water line will be brought into the building line from</b>	<b>(St./Ave.)</b>
<b>Approved for Service By</b>	<b>Date</b>



## COMMERCIAL APPLICATION FOR SERVICE

<b>Account Number:</b>	<b>Deposit:</b> <input type="checkbox"/>	<b>\$200.00</b>
<b>Fire Protection (if Applicable):</b>	<b>Deposit:</b> <input type="checkbox"/>	<b>\$200.00</b>
<b>Service Location:</b>		
<b><u>PLEASE PRINT OR TYPE</u></b>		
<b>Account Name:</b>		
<b>Mailing Address:</b>		
Number/Street	Town	State      Zip
<b>Contact Telephone:</b>		<b>Business Telephone:</b>
<b>Tax ID Number:</b>		<b>OR Social Security No.:</b>
<b>What purpose will premises be used for? (Check One) <input type="checkbox"/> Commercial    <input type="checkbox"/> Residential</b>		
<b>If Commercial, Type of Business:</b>		
<b>Name of Business if different from above account name:</b>		
<b>Name of Principal or Officer of Company:</b>		
<b>If Residential: Number of families/apartments in premise:</b>		
<b>PROOF OF OWNERSHIP / TENANCY (Attach copy of documents)</b>		
<b>Enter One Date Below:</b>		
<b>1. Deed/Closing Date of Responsibility:</b>	<b>2. Lease Date of Responsibility:</b>	
If a Corporation, affix seal here		<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>
<b>I hereby request water service be established at the above service location according to the terms, conditions and rates contained in the Water Authority's rules and regulations.</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>



NASSAU COUNTY  
DEPARTMENT OF HEALTH  
106 CHARLES LINDBERGH BLVD.  
UNIONDALE, NEW YORK 11553  
VOICE: 516.227.9692  
FAX: 516.227.9613

## Cross-Connection Control Plan Review Fees

### Fee Schedule (Effective August 1, 2012)

<u>Project Type</u>	<u>Fee Amount</u>
Double Check Valve (Residential)	- \$140 per device
Double Check Valve (Non-Residential)	- \$275 per device
¾ to 2" Reduced Pressure Zone Device	- \$275 per device
Greater than 2" Reduced Pressure Zone Device	- \$485 per device
Expedited Review of Cross- Connection Control Plans	
Typical Plans	- \$125 additional
Custom Plans	- \$250 additional

All plans received must be accompanied by a check made out to "Nassau County Department of Health" for the appropriate dollar amount.

# 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.
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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
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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> Address _____ City _____ state _____ zip _____			8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service
Owner's Signature _____ Date M / D / Y			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 # _____ <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other						
<table border="1"> <tr> <td colspan="2"><small>Street</small> Address _____</td> </tr> <tr> <td colspan="2">City _____</td> </tr> <tr> <td>State _____</td> <td>Zip _____</td> </tr> </table> Signature _____ <small>Original Ink signature and seal required on all copies</small>	<small>Street</small> Address _____		City _____		State _____	Zip _____	10a. Telephone Number(s) _____ Date M / D / Y
<small>Street</small> Address _____							
City _____							
State _____	Zip _____						

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost
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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: _____ _____
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14. Public water supply name Mailing Address _____ <small>street</small> _____ City _____ state _____ zip _____ Telephone No. ( )	Name of supplier's designate representative Title _____ Signature _____ M / D / Y
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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.



## **FIRE LINE SERVICE REQUIREMENTS**

The following outlines the type of acceptable backflow prevention device required by class of fire line service used ("AWWA Manual No. M-14), Backflow Prevention and Cross-Connection Control"). The device is the minimum needed to satisfy containment requirements and applies only to fire line services connected to public water supply water mains.

***Class 1*** -- direct connections from public water mains only; no pumps, tanks or reservoirs; no physical connection from other water supplies; no antifreeze or other additives of any kind; all sprinkler drains discharging to atmosphere, dry wells, or other safe outlets.

***Class 2*** -- same as Class 1, except that booster pumps may be installed in the connections from the street mains (Booster Pumps do not affect the potability of the system; it is necessary, however, to avoid drafting so much water that pressure in the water main is reduced below 20 psi).

***Class 3*** -- direct connection from public water supply main plus one or more of the following: elevated storage tanks; fire pumps taking suction from above ground covered reservoirs or tanks; and pressure tanks.

***Class 4*** -- directly supplied from public mains similar to Classes 1 and 2, and with an auxiliary water supply on or available to the premises; or an auxiliary supply may be located within 1,700 ft. of the pumper connection.

***Class 5*** -- directly supplied from public water mains, and interconnected with auxiliary supplies, such as: pumps taking suction from reservoirs exposed to contamination, or rivers and ponds; driven wells, mills or other industrial water systems; or where antifreeze or other additives are used.

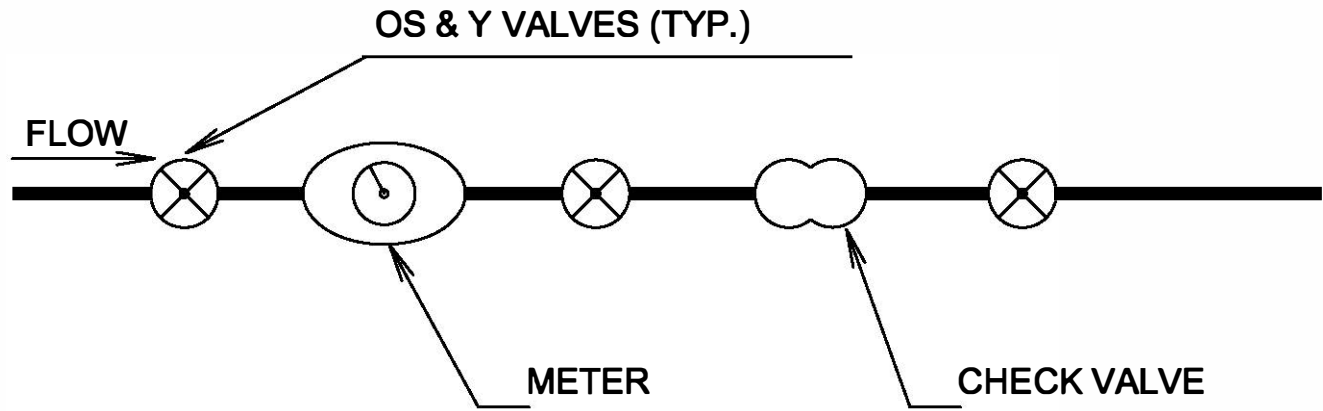
***Class 6*** -- combined industrial and fire protection systems are **not** allowed by the Water Authority.

### **PROTECTION REQUIRED BY THE WATER AUTHORITY**

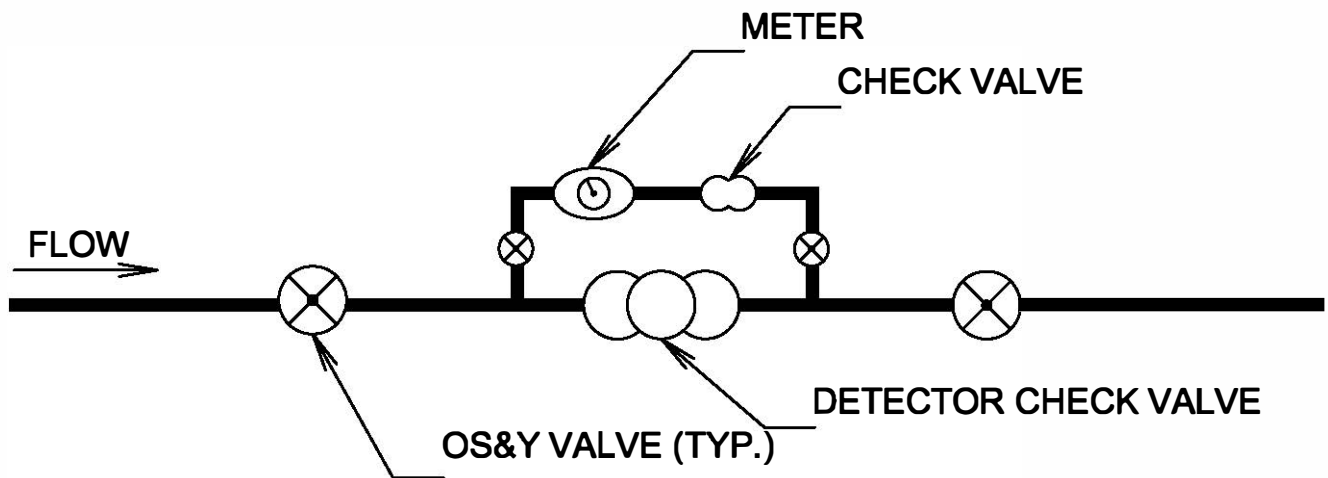
***Class 1 and Class 2*** -- A single check valve with a meter or a detector check valve with a by-pass meter and check valve. The meter must be provided by the customer.

***Class 3 to Class 5*** -- A Reduced Pressure Zone Device and a meter, or an RPZ device and a detector check valve with a by-pass meter and check valve, or a Reduced Pressure Zone Detector Check Valve device with a meter and an RPZ device on the by-pass is required. The meter must be provided by the customer.

# FIRE LINE SERVICES -- CLASS 1 & 2

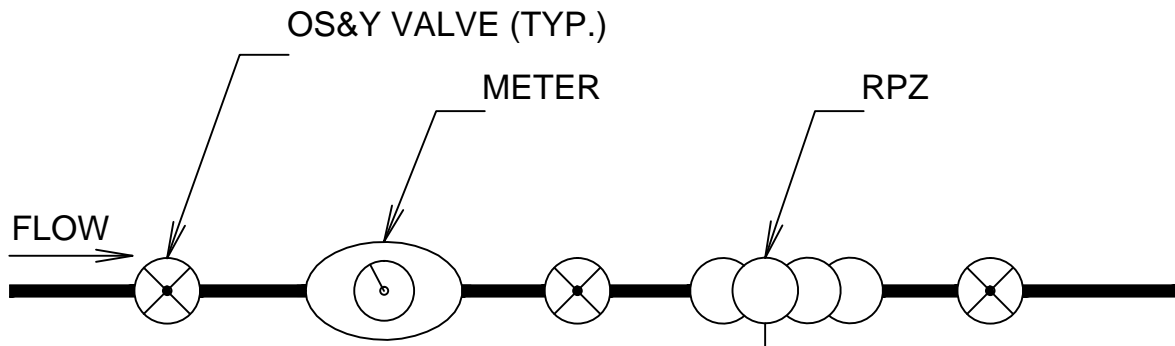


FIRE SPRINKLER WITH SINGLE CHECK VALVE

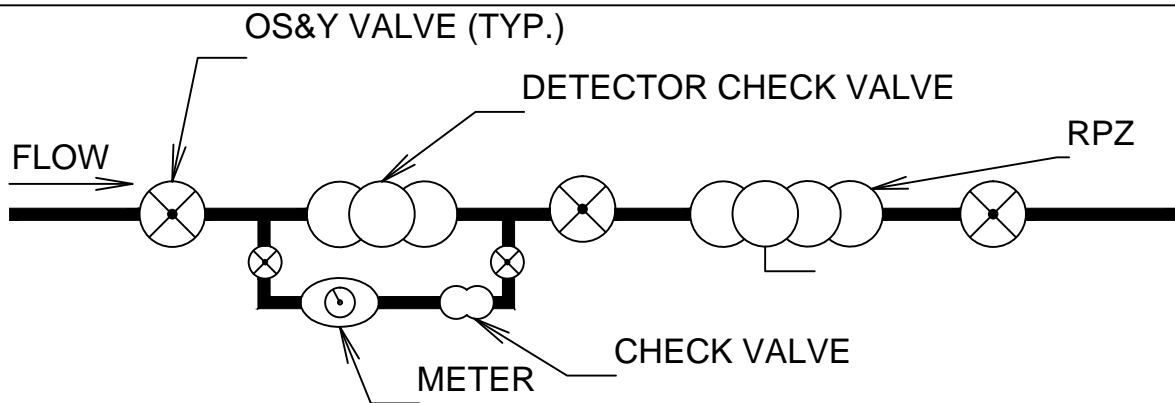


FIRE SPRINKLER WITH DETECTOR CHECK VALVE

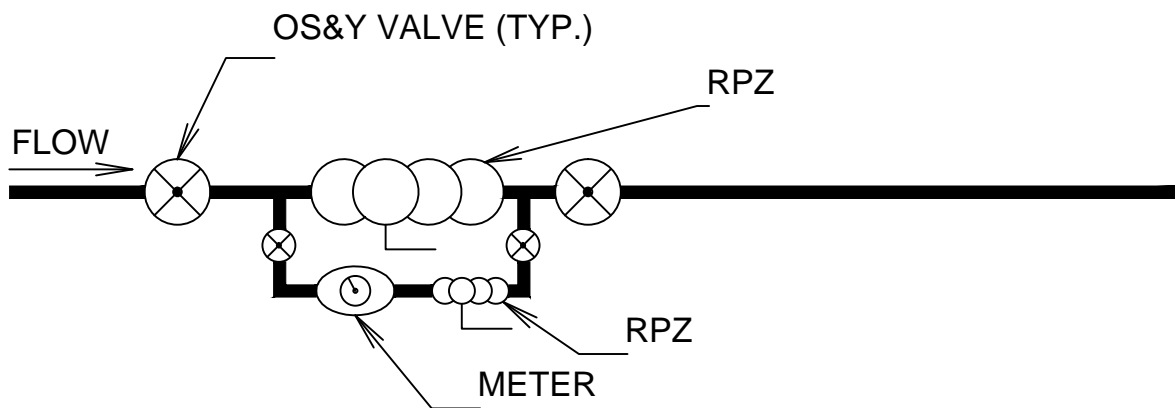
# FIRE SPRINKLER - CLASS 3,4,5 & 6



FIRE SPRINKLER WITH RPZ AND METER  
ALL MATERIAL FURNISHED AND INSTALLED BY PLUMBER

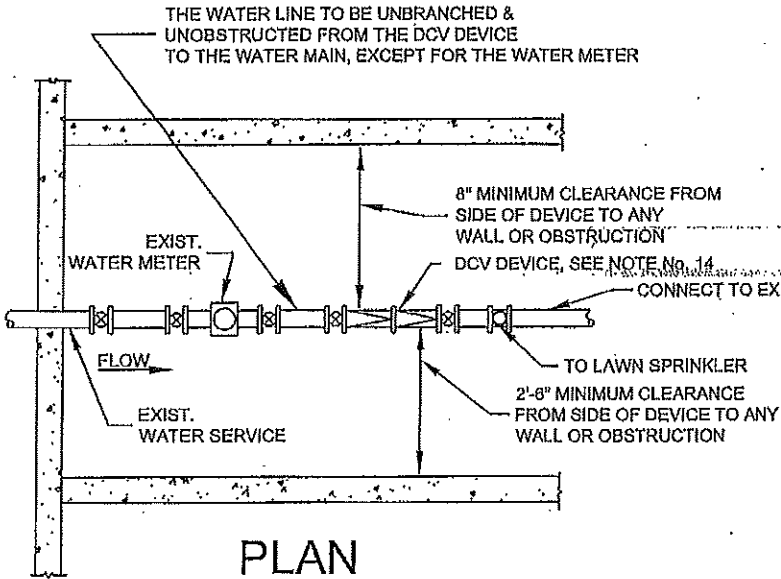


FIRE SPRINKLER WITH RPZ AND DETECTOR CHECK VALVE  
ALL MATERIAL FURNISHED AND INSTALLED BY PLUMBER

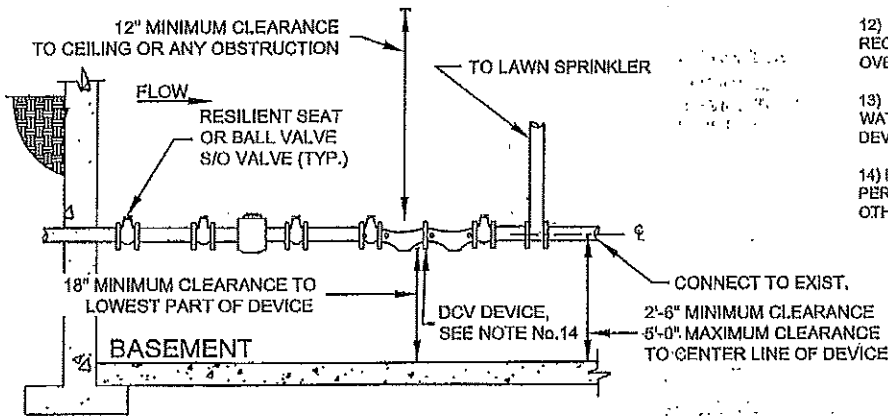


FIRE SPRINKLER WITH RPDC VALVE  
ALL MATERIAL FURNISHED AND INSTALLED BY PLUMBER





**PLAN**  
NTS



**ELEVATION**  
NTS

**NOTES**

- 1) THE INSTALLATION OF THE DCV DEVICE SHALL MEET THE REQUIREMENTS OF THE WATER AUTHORITY OF WESTERN NASSAU COUNTY AND THE NASSAU COUNTY HEALTH DEPARTMENT.
- 2) THE DCV DEVICE SHALL BE INSTALLED ABOVE THE HIGHEST POSSIBLE FLOOD LEVEL.
- 3) THE LOCATION WHERE THE DCV DEVICE IS TO BE INSTALLED SHALL BE HEATED AND SHALL HAVE LIGHTING.
- 4) THE DCV DEVICE SHALL BE A \_\_\_\_\_ - INCH, MODEL NO. \_\_\_\_\_ AS MANUFACTURED BY \_\_\_\_\_ OR NEW YORK STATE HEALTH DEPARTMENT APPROVED EQUAL.
- 5) THE DCV DEVICE SHALL BE INSTALLED HORIZONTALLY.
- 6) THE DCV DEVICE SHALL BE INSTALLED AFTER THE WATER METER, AND AS CLOSE TO THE WATER METER AS POSSIBLE.
- 7) ALL WATER LINE CONNECTIONS SHALL BE MADE AFTER THE DCV DEVICE.
- 8) ADEQUATE SUPPORT FOR THE DCV DEVICE, THE WATER METER, PIPING AND APPURTENANCES SHALL BE PROVIDED.
- 9) ALL MINIMUM CLEARANCES SHALL BE MAINTAINED.
- 10) THE WATER AUTHORITY OF WESTERN NASSAU COUNTY SHALL BE NOTIFIED FOR AN INSPECTION AFTER THE DCV DEVICE INSTALLATION IS COMPLETED.
- 11) THE DCV DEVICE SHALL BE TESTED AFTER THE INSTALLATION, AND ANNUALLY THEREAFTER.
- 12) THE NEW YORK STATE HEALTH DEPARTMENT RECOMMENDS THAT THE DCV DEVICE BE OVERHAULED EVERY FIVE YEARS.
- 13) IT IS UNLAWFUL TO REMOVE THE DCV DEVICE. WATER SERVICE WILL BE DISCONTINUED IF THE DCV DEVICE IS REMOVED.
- 14) INSTALLATION OF THE DCV DEVICE SHALL BE PERMITTED ON THE LAWN SPRINKLER LINE, IF NO OTHER HAZARDS ARE ASSOCIATED WITH RESIDENCE.

DRAWN BY: P.M.	DATE: 10/6/06
CHECKED BY: R.SWARTZ	

THIS DRAWING FOR  
**INFORMATION ONLY**

TYPICAL PLAN FOR BASEMENT INSTALLATION OF DOUBLE CHECK VALVE (DCV) WITH UNDERGROUND SPRINKLER SYSTEM FOR RESIDENTIAL PREMISES

WATER AUTHORITY of WESTERN NASSAU COUNTY

## NOTES

1) THE INSTALLATION OF THE RPZ DEVICE SHALL MEET THE REQUIREMENTS OF THE WATER AUTHORITY OF WESTERN NASSAU COUNTY AND THE NASSAU COUNTY HEALTH DEPARTMENT.

2) THE RPZ DEVICE SHALL BE INSTALLED ABOVE THE HIGHEST POSSIBLE FLOOD LEVEL.

3) THE LOCATION WHERE THE RPZ DEVICE IS TO BE INSTALLED SHALL BE HEATED AND SHALL HAVE LIGHTING.

4) THE RPZ DEVICE SHALL BE A \_\_\_\_\_ INCH, MODEL NO. \_\_\_\_\_ AS MANUFACTURED BY \_\_\_\_\_, OR NEW YORK STATE HEALTH DEPARTMENT APPROVED EQUAL.

6) THE RPZ DEVICE SHALL BE INSTALLED HORIZONTALLY.

8) THE RPZ DEVICE SHALL BE INSTALLED AFTER THE WATER METER, AND AS CLOSE TO THE WATER METER AS POSSIBLE.

7) ALL WATER LINE CONNECTIONS SHALL BE MADE AFTER THE RPZ DEVICE.

8) ADEQUATE SUPPORT FOR THE RPZ DEVICE, THE WATER METER, PIPING AND APPURTENANCES SHALL BE PROVIDED.

9) DRAINAGE FOR INTERMITTENT DUMPING OF THE RPZ DEVICE SHALL BE (EXPLAIN).

10) ALL MINIMUM CLEARANCES SHALL BE MAINTAINED.

11) THE ENGINEER (OR ARCHITECT) SHALL BE RESPONSIBLE TO CHECK THAT THE RPZ DEVICE IS INSTALLED ACCORDING TO THE NASSAU COUNTY HEALTH DEPARTMENT APPROVED PLANS, AND SHALL BE RESPONSIBLE FOR SIGNING THE CERTIFICATION STATEMENT ON FORM DOH-1013.

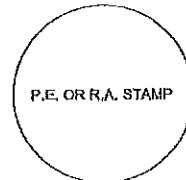
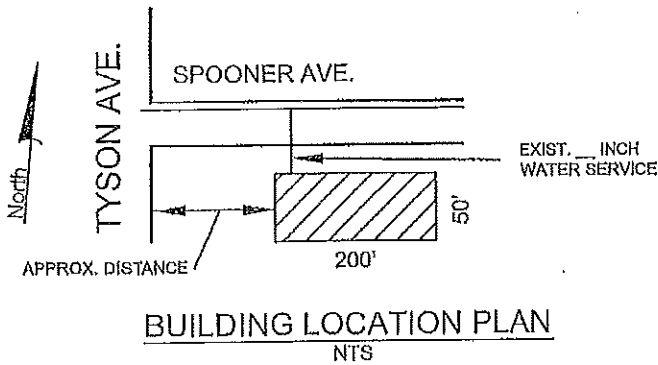
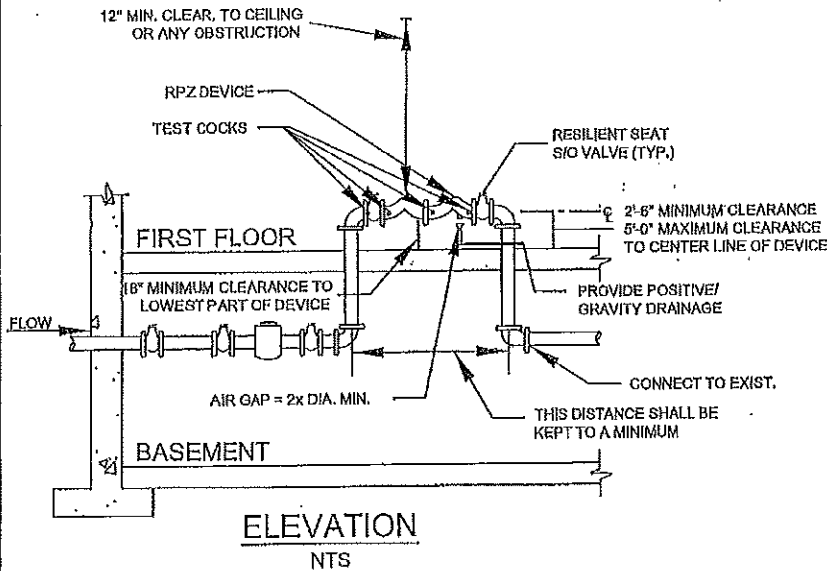
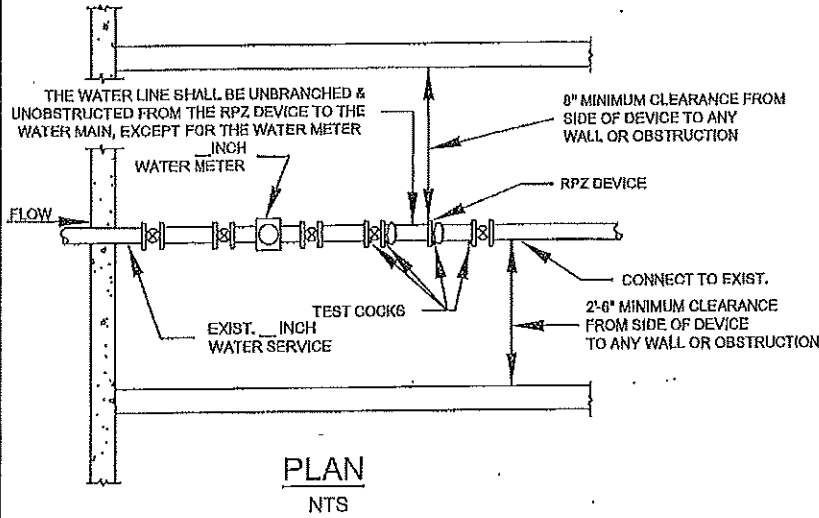
12) THE WATER AUTHORITY OF WESTERN NASSAU COUNTY SHALL BE NOTIFIED FOR AN INSPECTION AFTER THE RPZ DEVICE INSTALLATION IS COMPLETED.

13) THE RPZ DEVICE SHALL BE TESTED AFTER THE INSTALLATION, AND ANNUALLY THEREAFTER.

14) THE NEW YORK STATE HEALTH DEPARTMENT RECOMMENDS THAT THE RPZ DEVICE BE OVERHAULED EVERY FIVE YEARS.

15) IT IS UNLAWFUL TO REMOVE THE RPZ DEVICE. WATER SERVICE WILL BE DISCONTINUED IF THE RPZ DEVICE IS REMOVED.

16) PROPERTY OWNER MUST BE INFORMED OF THE POTENTIAL WATER DAMAGE IN THE EVENT OF A DISCHARGE



ALL NOTES & DIMENSIONS SHOWN MUST APPEAR ON YOUR DESIGN DRAWINGS.  
ALL DESIGN DRAWINGS SHALL REFLECT EXISTING CONDITIONS

DRAWN BY: P.M.	DATE: 4/12/13
CHECKED BY: R. SWARTZ	

THIS DRAWING FOR INFORMATION ONLY

TYPICAL NOTES AND DETAILS FOR FIRST FLOOR INSTALLATION OF A REDUCED PRESSURE ZONE (RPZ) BACKFLOW PREVENTER WATER AUTHORITY OF WESTERN NASSAU COUNTY