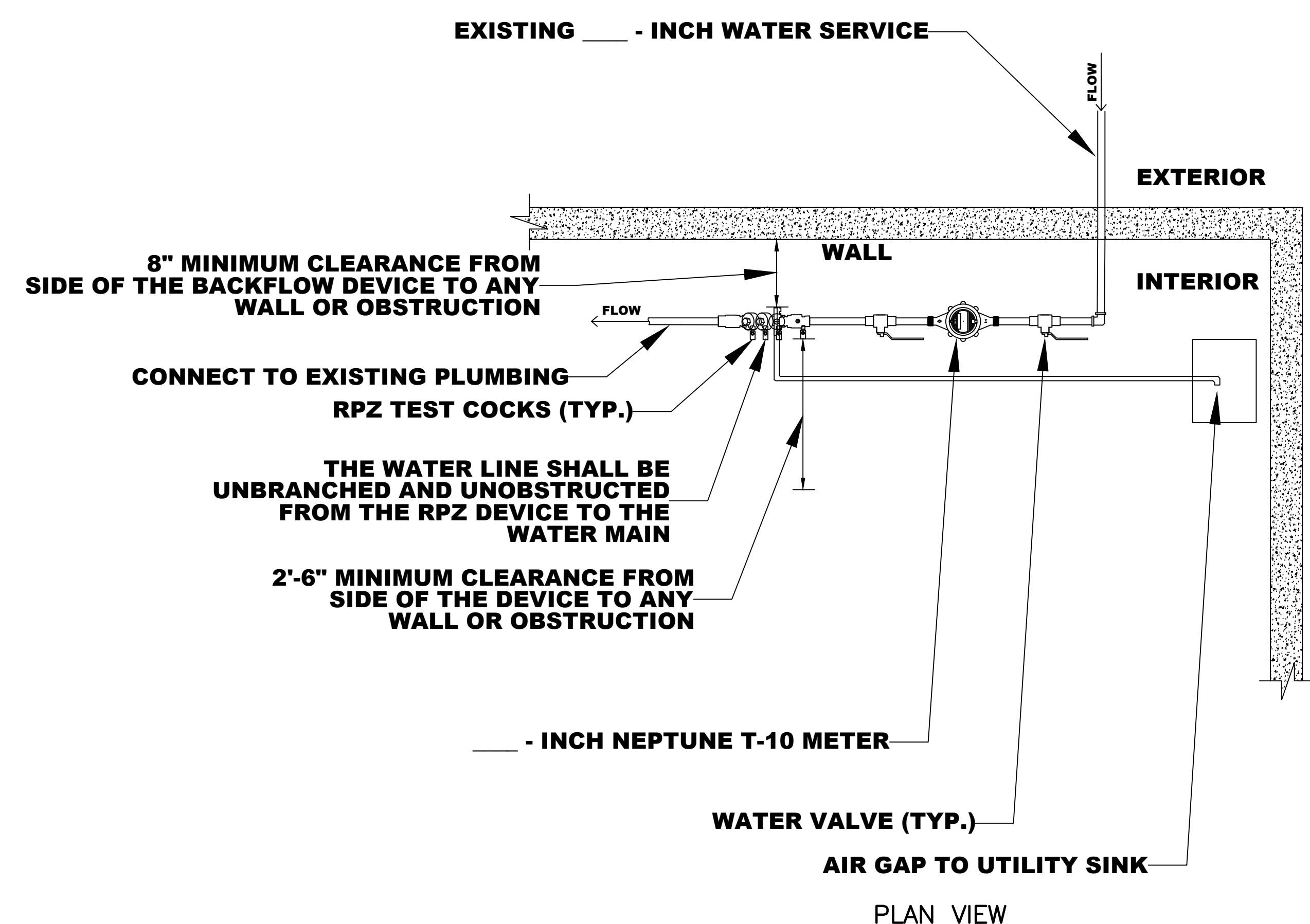


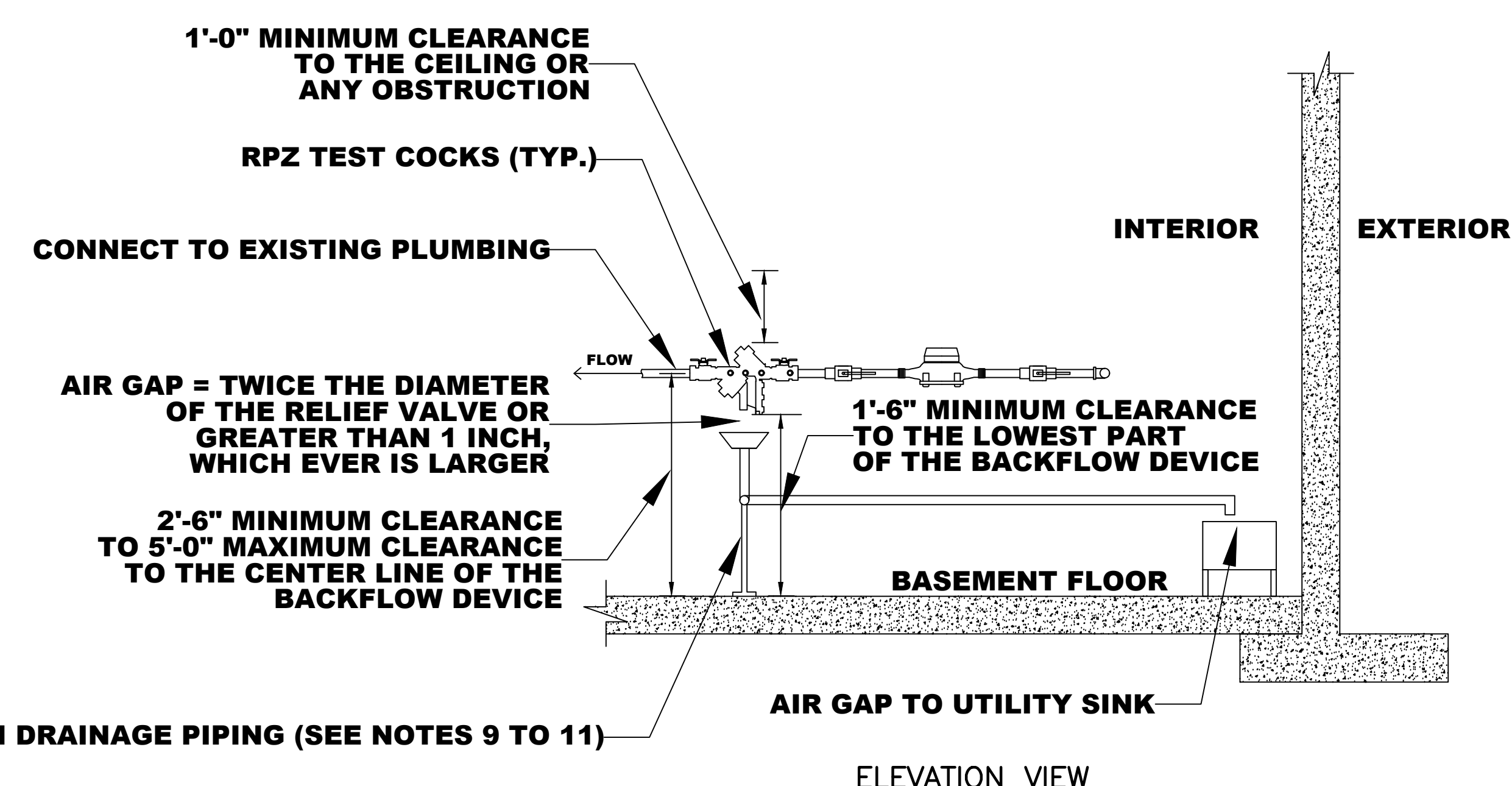
File Name: Cross Connection Control Plan DWG.dwg Date: June 16, 2023 11:03am by: mleiner



SITE PLAN



PLAN VIEW



ELEVATION VIEW

- GENERAL NOTES:**
1. THE INSTALLATION OF THE RPZ DEVICE SHALL MEET THE REQUIREMENTS OF THE WATER AUTHORITY OF WESTERN NASSAU COUNTY AND NASSAU COUNTY DEPARTMENT OF HEALTH.
 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.
 5. THE RPZ DEVICE SHALL BE INSTALLED HORIZONTALLY.
 6. 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, THE WATER METER, PIPING AND APPURTENANCES SHALL BE PROVIDED.
 9. DISCHARGE PIPING CONNECTED TO A STORM SEWER SHALL BE EQUIPPED WITH A BACKWATER CHECK VALVE.
 10. DISCHARGE PIPING CONNECTED TO A SANITARY SEWER SHALL BE TRAPPED AND EQUIPPED WITH A BACKWATER CHECK VALVE.
 11. ALL MINIMUM CLEARANCES SHALL BE MAINTAINED.
 12. THE PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT SHALL BE RESPONSIBLE TO CHECK THAT THE RPZ DEVICE IS INSTALLED ACCORDING TO THE NASSAU COUNTY DEPARTMENT OF HEALTH APPROVED PLANS AND SHALL BE RESPONSIBLE FOR SIGNED THE CERTIFICATION STATEMENT ON THE DOH-1013 FORM.
 13. THE WATER AUTHORITY OF WESTERN NASSAU COUNTY SHALL BE NOTIFIED FOR AN INSPECTION AFTER THE RPZ DEVICE INSTALLATION IS COMPLETED.
 14. THE RPZ DEVICE SHALL BE TESTED AFTER THE INSTALLATION AND ANNUALLY THEREAFTER.
 15. THE NEW YORK STATE HEALTH DEPARTMENT RECOMMENDS THAT THE RPZ DEVICE BE OVERHAULED EVERY FIVE YEARS.
 16. IT IS UNLAWFUL TO REMOVE THE RPZ DEVICE. WATER SERVICE WILL BE DISCONTINUED IF THE DEVICE IS REMOVED.
 17. PROPERTY OWNER MUST BE INFORMED OF THE POTENTIAL WATER DAMAGE IN THE EVENT OF A DISCHARGE.

VOLUME BELOW RELIEF VALVE = 60 FT X 30 FT X 2.5 FT = 4,500 FT³
 4,500 FT³ X 7.48 GAL/FT³ X 1 MIN/60 GAL X 1 HR/60 MIN = 9.35 HRS TO BECOME SUBMERGED
 9.35 HOURS > 8 HOURS (ACCEPTABLE)

Catastrophic Failure of Relief Valve Calculation

ALL NOTES AND DIMENSIONS SHOWN MUST APPEAR ON YOUR DESIGN DRAWINGS.
 ALL DESIGN DRAWINGS SHALL REFLECT EXISTING CONDITIONS. INTERNAL PLUMBING MAY NEED TO BE MODIFIED.

DESIGNED BY: MLEINER	
DRAWN BY: MLEINER	
CHECKED BY: MTIERNEY	
APPROVED BY: MLEINER	
NO.	DATE
REV.	DESCRIPTION
BY	



WAWNC
 CROSS CONNECTIONS

THE NEW YORK STATE EDUCATION LAW SECTION 7209.2 PROHIBITS ANY PERSON FROM ALTERING THESE DESIGN DRAWINGS, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, TO ALTER IN ANY WAY PLANS, SPECIFICATIONS, PLATS OR REPORTS TO WHICH THE SEAL OF A PROFESSIONAL ENGINEER HAS BEEN APPLIED. IF A DESIGN BEARING A SEAL OF A PROFESSIONAL ENGINEER IS ALTERED, THE ALTERING PROFESSIONAL ENGINEER SHALL AFFIX HIS SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE, THE DATE, AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

CROSS CONNECTION CONTROL
 PLANS

**THIS DRAWING IS FOR
 INFORMATION ONLY**

SCALE:
 AS SHOWN
 EOR:
 WAWNC
 EOR ADDRESS:
 1580 UNION TPKE
 NEW HYDE PARK, NY 11040
 PACKAGE NUMBER:

CONTRACT NO.
 N/A
 DATE
 June 16, 2023
 DRAWING NO.
 BFP-1
 SHEET 1 OF 1

