



PLAINVIEW WATER DISTRICT

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INSTRUCTIONS FOR INSTALLING AN UNDERGROUND IRRIGATION SYSTEM

1. A home owner interested in installing an underground irrigation system must contact the Plainview Water District (PWD) and receive a packet entitled "Instructions for Installing an Underground Irrigation System" as well as NYSDOH form DOH-347.
2. All installations, must comply with both the PWD Ordinances as well as the Nassau County Department of Health (NCDOH) regulations.
3. The backflow device must be installed by a licensed plumber of the Town of Oyster Bay.
4. **Devices ¾" to 1":** These devices are to be installed in accordance with the pre-approved installation drawings included in this packet. Upon receipt by the PWD of the completed application the underground sprinkler system may be installed. No plan review fee is charged for this type of installation.

Devices 2" and larger: Installation of a device on a 2" or larger service line requires a separate application to the NCDOH. Once the application is submitted to both the PWD and NCDOH as well as any required plan review fees imposed (schedules attached), review will begin. Once approved by both the PWD and NCDOH installation may proceed.

5. A double checkvalve assembly must be installed on the homeowner's side of the water meter.
6. If the Meter is in a meter pit, the device must be installed in the pit (drawing enclosed).
7. If the meter is installed in the house, the device must be installed in the house (drawing enclosed).
8. Plainview Water District's cross-connection control program is geared toward total containment.
9. The double check valve assembly installed in any other location is in violation of the District's Ordinances.
10. After the installation of the device, a Plainview Water District employee will inspect the installation.

Proudly serving the Plainview-Old Bethpage community since 1928

11. The homeowner's plumbing contractor has forty eight (48) hours in which to submit a Backflow Test Form (DOH-1013) to the District).
12. At that time the Plainview Water District will approve the installation of the underground irrigation system.
13. After installation is complete, the backflow device must be tested annually in accordance with New York State law on the anniversary of its first test and a copy of the test submitted to the Plainview Water District.
14. The annual test must be performed by a licensed backflow tester of the State of New York.
15. No lawn sprinkler system is to be hooked up to the meter pit.
16. The Plainview Water District wants to remind you that Nassau County has rules concerning lawn sprinkling and hose use. Please learn these simple rules, which will be strictly enforced, and follow them. Conserving our water benefits everyone:

Lawn Sprinkling

All water sprinkling for lawns, gardens, and shrubbery is prohibited between the hours of 10:00 a.m. and 4:00 p.m.

Houses with even-numbered street addresses may sprinkle on even-numbered calendar days, DURING THE PRESCRIBED HOURS: from midnight to 10:00 a.m. and from 4:00 p.m. to midnight.

Houses with odd-numbered street addresses may sprinkle on odd-numbered calendar days, DURING THE PRESCRIBED HOURS: from midnight to 10:00 a.m. and from 4:00 p.m. to midnight.

Houses with no street numbers may sprinkle on even-numbered calendar days, DURING THE PRESCRIBED HOURS: from midnight to 10:00 AM and from 4:00 PM to midnight.

Hose Use

All hoses for exterior water use MUST be fitted with a hand-operated automatic-off nozzle valve.

The hosing of driveways, sidewalks, or streets is PROHIBITED.

17. Any violation of the above Nassau County Lawn Sprinkling Rules is also considered a violation of the Ordinances of the Plainview Water District and may result in the imposition of civil penalty under the Nassau County Civil Divisions Act not to exceed the sum of two hundred fifty (\$250.00) dollars for each violation.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

**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 Address <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 <small>Original ink signature and seal required on all copies</small> | | <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 | |
| 13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable | | 12a. Estimate Design Cost | |
| List of processes or reasons that lead to degree of hazard checked: _____ _____ | | | |
| 14. Public water supply name | | Name of supplier's designate representative | |
| Mailing Address <small>street</small> City state zip | | Title Signature <u> </u> / <u> </u> / <u> </u> M D Y | |
| Telephone No. () | | | |

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 _____

- ☐ 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) • Domestic • Fire • 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.

DOH- 1013(9/91)

**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 •Test Before Repair• and indicate:
 - 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.
 - Whether check valve #2 leaked or closed tight.
 - Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - 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 •final test• section only if repairs have been made.
- Indicate the water meter number/meter reading and the type of service (describe •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.

Water Supply***Cross Connection Control Plans***

| Type | Fee |
|---|----------|
| Double Check Valve (Residential) | \$140.00 |
| Double Check Valve (Non-residential) | \$275.00 |
| Reduced Pressure Zone up to 2" | \$275.00 |
| Reduced Pressure Zone greater than 2" | \$485.00 |
| Expedited Review of Cross Connection Control Plans: | |
| Typical Plans | \$125.00 |
| Custom Plans | \$250.00 |

**Plainview Water District
Rates and Charges
2019**

BOC Approved:
January 29, 2019

| Charge Description | Fee |
|--|---|
| Water Rates | |
| Up to 8,000 Gallons | \$ 16.00 Minimum |
| 9,000 to 30,000 Gallons | \$ 1.99 per 1,000 Gallons |
| 31,000 to 50,000 Gallons | \$ 2.40 per 1,000 Gallons |
| 51,000 to 70,000 Gallons | \$ 2.70 per 1,000 Gallons |
| 71,000 to 125,000 Gallons | \$ 3.00 per 1,000 Gallons |
| Over 125,000 Gallons | \$ 3.25 per 1,000 Gallons |
| | |
| Charge Description | Fee |
| Backflow Plan Review Fee | \$300 |
| Penalty for Failure to Test Backflow Device Annually - Residential | \$100 |
| Penalty for Failure to Test Backflow Device Annually - Commercial * | \$100 |
| Processing Fee for Insufficient Funds | \$35 |
| Shut-Off Fee (During Normal Hours) ** | \$100 |
| Turn-On Fee (During Normal Hours) ** | \$100 |
| Disconnect Fee | \$350 |
| Equipment (Including Vehicles) | Based on NYSDOT Equipment Rental Rate Schedule (February 2013) |
| Failure to Change Meter (Residential) | \$100 per Quarter + 15% Surcharge (Largest Amount is Applied) and Ordinance Penalty |
| Failure to Change Meter (Commercial) | \$175 per Quarter + 15% Surcharge (Largest Amount is Applied) and Ordinance Penalty |
| Final Water Service Inspection Fee for 1-inch Domestic Service | \$300 |
| Final Water Service Inspection Fee for Commercial and Fire Service | \$450 |
| Final Read Fee | \$50 |
| Flow Test (Witness Only) | \$250 |
| Hydrant Permit | \$350 |
| | |
| Fire Sprinkler Charge Based on Fire Line Size (Commercial Only) | |
| 2 inch | \$200 |
| 3 inch | \$300 |
| 4 inch | \$400 |
| 6 inch | \$600 |
| 8 inch | \$800 |
| 10 inch | \$1,000 |
| 12 inch | \$1,200 |

**Plainview Water District
Rates and Charges
2019**

BOC Approved:
January 29, 2019

| Charge Description | Fee |
|--|---|
| Hydrant Rental | FD - \$90 per Hydrant Other - \$200 per Day |
| Labor Charges | Based on actual manpower utilized, regular time and/or overtime plus benefits |
| Material Markup | Distribution Material Bid + 15% (based on market price) |
| Meter & Associated Equipment | Neptune Price List + 15% (based on market price) |
| New Service Plan Review Fee </=1-inch | Residential - \$850; Commercial - \$1,100 |
| New Service Plan Review Fee >/= 1-1/2-inch | Residential - \$1,200; Commercial - \$1,750 |
| New Property Owner Administration Fee | \$75 |
| No Access | \$75 |
| Late Payment (Over 30 Days Past Due) | 10% Penalty |
| Tapping Fee- 1-inch Domestic Service Line | \$1,350 Labor Only |
| Testing of Water Meters | \$50 If Passed |
| <p>* Repeat failure to test commercial backflow devices will result in a penalty of \$250 in accordance with Section 6.5 of the District's Ordinance.</p> <p>** Work performed outside of normal business hours will be charged an additional fee of \$100.00 per hour (portal to portal). If curb box is inoperable, the consumer will be charged the cost incurred to make it accessible/operational at current rates.</p> | |