

# PLAINVIEW WATER DISTRICT

10 Manetto Hill Road • P.O. Box 9113 • Plainview, New York 11803

(516) 931-6469 • Fax: (516) 931-8683 • plainviewwater.org

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## Board of Commissioners

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Andrew S. Donnelly

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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.

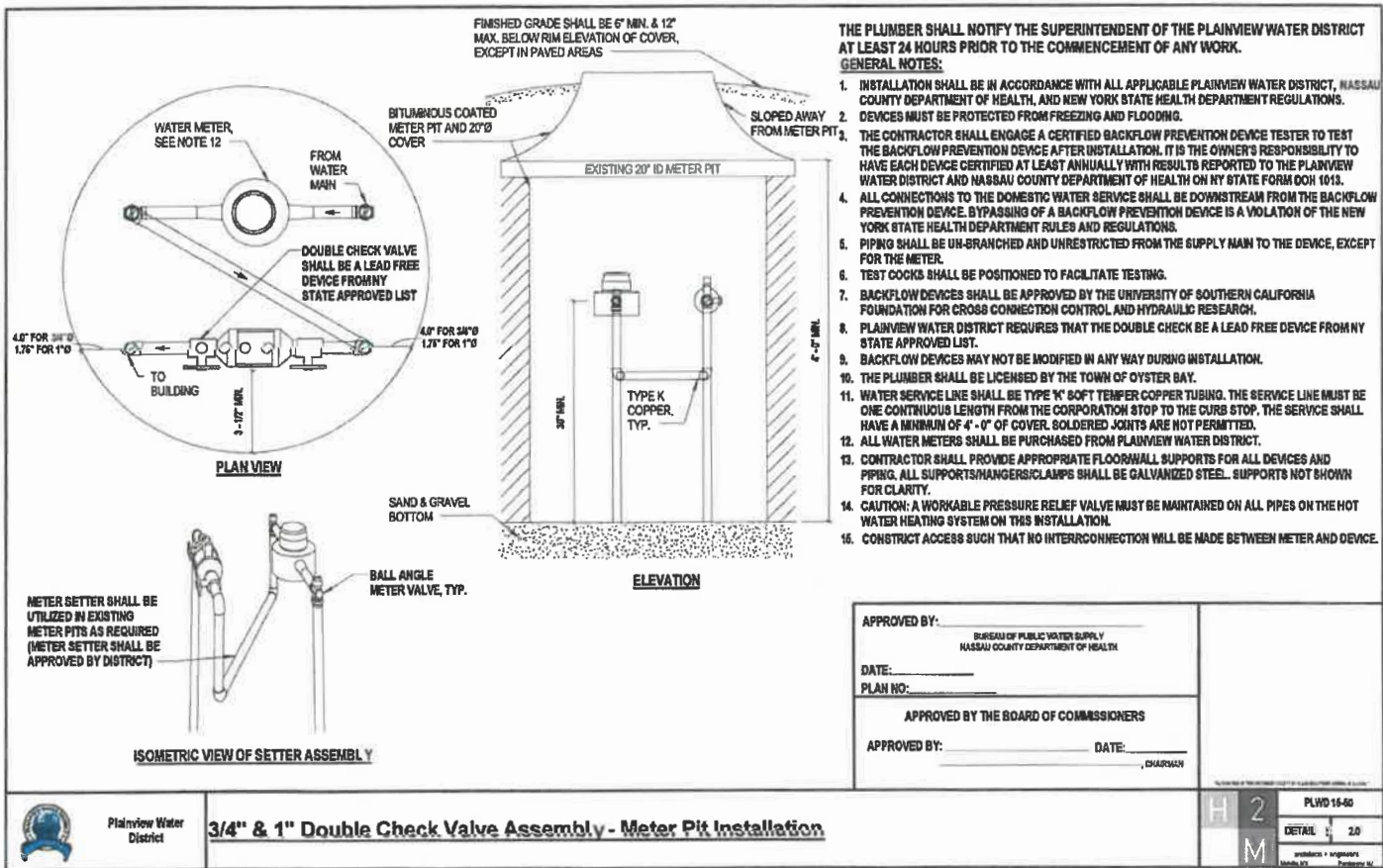
Houses with no street numbers may sprinkle on even-numbered calendar days, DURING THE PRESCRIBED HOURS: from midnight to 10:00 AM and from 4:00 PM to midnight.

#### 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.



APPROVED BY: \_\_\_\_\_  
 BUREAU OF PUBLIC WATER SUPPLY  
 NASSAU COUNTY DEPARTMENT OF HEALTH

DATE: \_\_\_\_\_

PLAN NO: \_\_\_\_\_

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APPROVED BY THE BOARD OF COMMISSIONERS

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_, CHAIRMAN

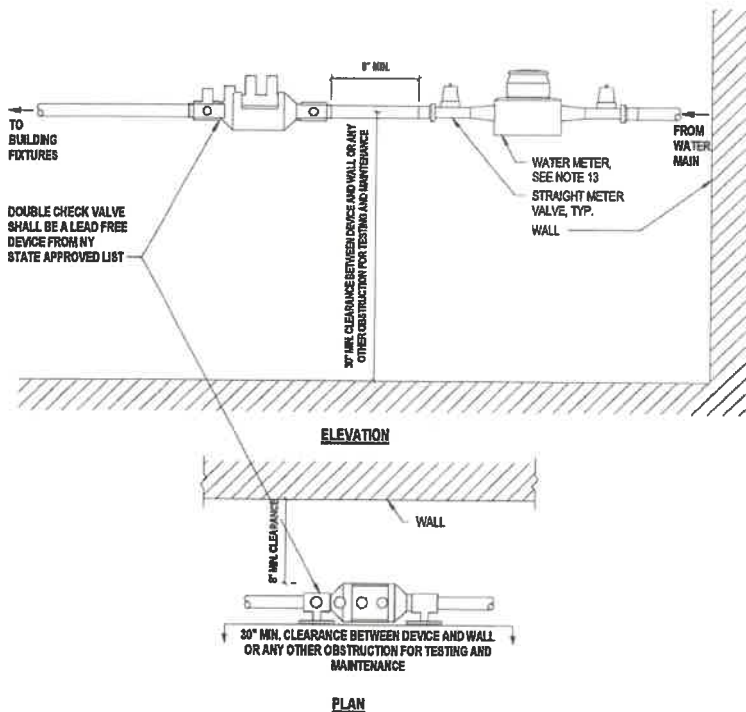


Plainview Water District

**3/4" & 1" Double Check Valve Assembly - Meter Pit Installation**

<b>H</b> <b>2</b> <b>M</b>	PLWD 15-80
	DETAIL 2.0

11/2015  
 11/2015  
 11/2015



THE PLUMBER SHALL NOTIFY THE SUPERINTENDENT OF THE PLAINVIEW WATER DISTRICT AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.

**GENERAL NOTES:**

1. INSTALLATION SHALL BE IN ACCORDANCE WITH ALL APPLICABLE PLAINVIEW WATER DISTRICT, NASSAU COUNTY DEPARTMENT OF HEALTH, AND NEW YORK STATE HEALTH DEPARTMENT REGULATIONS.
2. DEVICES MUST BE PROTECTED FROM FREEZING AND FLOODING.
3. THE CONTRACTOR SHALL ENGAGE A CERTIFIED BACKFLOW PREVENTION DEVICE TESTER TO TEST THE BACKFLOW PREVENTION DEVICE AFTER INSTALLATION. IT IS THE OWNER'S RESPONSIBILITY TO HAVE EACH DEVICE CERTIFIED AT LEAST ANNUALLY WITH RESULTS REPORTED TO THE PLAINVIEW WATER DISTRICT AND NASSAU COUNTY DEPARTMENT OF HEALTH ON NY STATE FORM DOH 1072.
4. ALL CONNECTIONS TO THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE BACKFLOW PREVENTION DEVICE. BYPASSING OF A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF THE NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
5. PIPING SHALL BE UN-BRANCHED AND UNRESTRICTED FROM THE SUPPLY MAIN TO THE DEVICE, EXCEPT FOR THE METER.
6. TEST COCKS SHALL BE POSITIONED TO FACILITATE TESTING.
7. DRAINAGE TO BE POSITIVE WITH EFFLUENT DISCHARGE VISIBLE.
8. BACKFLOW DEVICES SHALL BE APPROVED BY THE UNIVERSITY OF SOUTHERN CALIFORNIA FOUNDATION FOR CROSS CONNECTION CONTROL AND HYDRAULIC RESEARCH.
9. PLAINVIEW WATER DISTRICT REQUIRES THAT THE DOUBLE CHECK BE A LEAD FREE DEVICE FROM NY STATE APPROVED LIST.
10. BACKFLOW DEVICES MAY NOT BE MODIFIED IN ANY WAY DURING INSTALLATION.
11. THE PLUMBER SHALL BE LICENSED BY THE TOWN OF OYSTER BAY.
12. WATER SERVICE LINE SHALL BE TYPE "K" SOFT TEMPER COPPER TUBING. THE SERVICE LINE MUST BE ONE CONTINUOUS LENGTH FROM THE CORPORATION STOP TO THE CURB STOP. THE SERVICE SHALL HAVE A MINIMUM OF 4'-0" OF COVER. SOLDERED JOINTS ARE NOT PERMITTED.
13. ALL WATER METERS SHALL BE PURCHASED FROM PLAINVIEW WATER DISTRICT.
14. CONTRACTOR SHALL PROVIDE APPROPRIATE FLOOR/WALL SUPPORTS FOR ALL DEVICES AND PIPING. ALL SUPPORTS/MANGERS/CLAMPS SHALL BE GALVANIZED STEEL. SUPPORTS NOT SHOWN FOR CLARITY.
15. CAUTION: A WORKABLE PRESSURE RELIEF VALVE MUST BE MAINTAINED ON ALL PIPES ON THE HOT WATER HEATING SYSTEM ON THIS INSTALLATION.

APPROVED BY: _____ BUREAU OF PUBLIC WATER SUPPLY NASSAU COUNTY DEPARTMENT OF HEALTH	
DATE: _____ PLAN NO: _____	
APPROVED BY THE BOARD OF COMMISSIONERS	
APPROVED BY: _____ DATE: _____ _____, CHAIRMAN	



Plainview Water District

**3/4" & 1" Double Check Valve Assembly - Basement Installation**

H 2 M	PLWD 15-00	
	DETAIL	1.0
2014/04/01 10:00 AM 2014/04/01 10:00 AM 2014/04/01 10:00 AM		

## 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	
7. Name of Owner		Title	Phone Number		8. Nature of works
Full Mailing Address Address <small>street</small>		City		state	zip
Owner's Signature		Date		<input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device  <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service  <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 #	
Address <small>Street</small> City State      Zip		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
Original Ink signature and seal required on all copies		10a. Telephone Number(s)	
Signature		Date	

11. Water System Pressure (psi) at Point of Connection	12. Estimate Installation Cost	12a. Estimate Design Cost
Max      Avg      Min		

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
street City      state      zip	Signature
Telephone No. (    )	_____ M / D / Y

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
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	
Final test	Closed tight <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	
	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.

**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***

<b>Type</b>	<b>Fee</b>
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
<b>Water Rates</b>	
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
<b>Fire Sprinkler Charge Based on Fire Line Size (Commercial Only)</b>	
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

<b>Charge Description</b>	<b>Fee</b>
<b>Hydrant Rental</b>	FD - \$90 per Hydrant Other - \$200 per Day
<b>Labor Charges</b>	Based on actual manpower utilized, regular time and/or overtime plus benefits
<b>Material Markup</b>	Distribution Material Bid + 15% (based on market price)
<b>Meter &amp; Associated Equipment</b>	Neptune Price List + 15% (based on market price)
<b>New Service Plan Review Fee &lt;/=1-inch</b>	Residential - \$850; Commercial - \$1,100
<b>New Service Plan Review Fee &gt;/= 1-1/2-inch</b>	Residential - \$1,200; Commercial - \$1,750
<b>New Property Owner Administration Fee</b>	\$75
<b>No Access</b>	\$75
<b>Late Payment (Over 30 Days Past Due)</b>	10% Penalty
<b>Tapping Fee- 1-inch Domestic Service Line</b>	\$1,350 Labor Only
<b>Testing of Water Meters</b>	\$50 If Passed
<p><b>* 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.</b></p> <p><b>** 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.</b></p>	