

This packet contains the following documents:

- #1 "Cross Connection Control" - Provides pertinent LCWSA Rules & Regulations related to the requirement for maintaining a connection protected from any contaminants.
- #2 "LCWSA - Guidelines for Preparation of Plans & Engineering Report" - Provides a reference for what is required to be included within the Engineering Report you will need.
- #3 "Application Review Checklist-Approval of Backflow Prevention Device" - Is an approval form that must accompany the Engineering Report & will be approved by LCWSA when all required conditions are met.
- #4 "Application for Approval of Backflow Prevention Devices" - a NYS Dept. of Health required form that must accompany Engineering Report.
- #5 "Rules & Regulations to Determine Annual Property Assessments" - provides property definitions along with meter size & unit information.

Note: The recommended meter size will determine how many units will be assessed for the property location. This means that the property will possibly be billed & will be assessed on the property tax bill according to these units

- #6 "Report on Test and Maintenance of Backflow Prevention Device" for your use in performing the required test of the Backflow Prevention Device.

Instructions

1. Have an Engineering Report developed by a Licensed, Professional Engineer.

The Engineer will recommend a backflow prevention device, & analysis supporting the recommended meter size as described in the AWWA Manual of Water Supply Practices - "sizing Water Service Lines and Meters" (AWWA M22). This analysis shall describe the basis of design & state that the method is consistent with AWWA M22.

2. Submit **5 copies** of the Engineering Report to LCWSA consisting of the following:
 - Completed "Application for Approval of Back-Flow Prevention Device" form (#4).
 - Recommendation of backflow prevention device as per "LCWSA-Guidelines for Preparation of Plans & Engineering Report" (#2).
 - Calculation to determine meter size & the number of service units (*contained in the AWWAM22*)

3. LCWSA will work with the Liv. Co. Dept. of Health to approve the submitted reports.

If not approved, you will be notified in writing along with the reasons why approval was withheld.

4. Upon completion of approvals, you will receive a Water Permit to sign & submit along with Permit Fee to LCWSA.
5. Proceed to have installation completed as per the specifications within the approved report:
 - Have Backflow Prevention Device tested by a licensed plumber
 - Have engineering firm certify that the installation was completed to the approved specifications.
 - Make appointment with LCWSA to have water **temporarily** turned on for testing purposes
 - Provide LCWSA with the attached "Report on Test & Maintenance of Backflow Prevention Device" with all the proper approvals filled in
 - Call LCWSA when ready for installation inspections for:
 - Trench Inspection (the service line to the curb)
 - Final Inspection (Internal inspections)

LCWSA requires 24-hour notice for inspection appointments

6. Once the final inspection is complete & water is turned on, your service account is activated. You will then be required to have the Backflow Prevention Device tested **annually** & mail the test results to:

LCWSA
PO Box 396
Lakeville, NY 14480

Phone Numbers: Livingston County Department of Health 243-7280
Livingston County Water & Sewer Authority 346-3523

CROSS CONNECTION CONTROL

5.1 Responsibility of Authority.

- a. The Livingston County Water and Sewer Authority shall be responsible for the protection of the Authority's distribution system from contamination due to the backflow of contaminants through the water service connection. If, in the judgement of said Authority, an acceptable backflow prevention device is required at the Authority's water service connection to any customer's premises for the safety of the water system, the Authority or their designated agent shall give notice, in writing, to said customer to install an acceptable backflow prevention device at each service connection to this premises. The customer shall immediately install such approved device or devices at his own expense; and failure, refusal, or inability on the part of the customer to install said device or devices immediately shall constitute a ground for discontinuing water service to the premises until such device or devices have been properly installed.

5.2 Definitions. As used in this article, the following terms shall have the meanings indicated:

“Acceptable Backflow Prevention Device” – An acceptable air gap, reduced pressure zone device or double check valve assembly as used to contain potential contamination within a facility. In order for the reduced pressure zone or the double check valve assembly to be acceptable, it must be listed on the most current version of the New York State Department of Health List of Acceptable Devices.

“Aesthetically Objectionable Facility” – One in which substances are present which, if introduced into the public water supply system, could be a nuisance to other water customers but would not adversely affect human health. Typical examples of such substances are food-grade dyes, hot water, stagnant water from fire lines in which no chemical additives are used, etc.

“Air Gap” – The unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet supplying water to a tank, plumbing fixture or other device and the flood level rim of said vessel. An approved air gap shall be at least double the diameter of the supply pipe, measured vertically, above the top of the rim of the vessel and in no case less than one inch.

“Approved” – Accepted by the Livingston County Water and Sewer Authority as meeting an applicable specification stated or cited in this article or as suitable for the proposed use.

“Auxiliary Water Supply” – Any water supply on or available to the premises other than the Livingston County Water and Sewer Authority’s approved public water supply. These auxiliary waters may include water from another purveyor’s potable water supply or any natural source(s), such as a well, spring, river, stream, lake or pond, etc., or use waters. These waters may be contaminated or they may be objectionable and constitute an unacceptable water source over which the water purveyor does not have sanitary control.

“Backflow” – A flow condition, induced by a differential in pressure, that causes the flow of water or other liquids and/or gases into the distribution pipe of the Livingston County Water and Sewer Authority supply system from any source other than its intended source.

“Certified Tested” – That individual or firm approved to accomplish the necessary inspection and operational tests of backflow prevention devices.

“Contamination” – The presence in water of a substance that tends to degrade its quality.

“Customer” – A water user served by the supply system.

“Customer’s Water System” – The piping used to convey water supplied by the Livingston County Water and Sewer Authority’s supply system throughout a customer’s facility. The system shall include all those parts of the piping beyond the control point of the Livingston County Water and Sewer Authority. The control point is either the curb valve or the main valve located in the public right of way that isolates the customer’s facilities from the Authority’s distribution system.

“Degree of Hazard” – Whether a facility is rated as hazardous, aesthetically objectionable or nonhazardous.

“Double Check Valve Assembly, Acceptable” – An assembly composed of two single, independently acting check valves, including tightly closing shutoff valves located at each end of the assembly, and suitable connections for testing the watertightness of each check valve.

“Hazardous Facility” – One in which substances may be present which, if introduced into the public water system, would or may endanger or have an adverse effect on the health of other water customers. Typical examples include laboratories, sewage treatment plants, chemical plants, hospitals, and mortuaries.

“Nonhazardous Facility” – One which does not require the installation of an acceptable backflow prevention device.

“Public Water Supply System” – The entire Livingston County Water and Sewer Authority system including the source, transmission mains, distribution system, and storage facilities serving the public. This includes the distribution system up to its connection with the customer’s water system.

“Reduced Pressure Zone Device, Acceptable – A device containing a minimum of two independently acting check valves, together with an automatically operated pressure differential relief valve located between the two check valves. During normal flow and at the cessation of normal flow, the pressure between these two check valves shall be less than the supply pressure. In case of leakage of either check valve, the differential relief valve, by discharging to the atmosphere, shall operate to maintain the pressure. The unit must include tightly closing shutoff valves located at each end of the device, and each device shall be fitted with properly located test cocks.

“Water Department” – Licensed water operators or Engineer of the Livingston County Water and Sewer Authority.

5.3 Requirements

- a. The customer’s water system shall be open for inspection at all reasonable times to authorized representatives of the Livingston County Water and Sewer Authority.
- b. The Livingston County Water and Sewer Authority shall rate a customer’s water system according to its degree of hazard to the public water supply system. Some of the factors to be considered are the use availability of contaminants, the availability of an auxiliary water supply and the type of fire-fighting system in use.
- c. An acceptable backflow prevention device shall be installed on each service line to a customer’s water system at or near the property line or immediately inside the building being served, but in all cases, before the first branch line leading off the service line as follows:
 - (1) All new or replacement water services to one- or two-family residential buildings will require installation of a residential dual check device immediately downstream of the water meter. The dual check device will be provided by the Livingston County Water and Sewer Authority.

- (2) All new or replacement water services to multiple family (three or more units) residential buildings will require the installation of an acceptable backflow prevention device, the type of which is dependent on the degree of hazard present. As a minimum, residential dual check devices will be required. The customer will provide the backflow prevention device.
 - (3) All new or replacement water services to commercial and industrial facilities will require the installation of an acceptable backflow prevention device, the type of which is dependent on the degree of hazard present. As a minimum, a double check valve will be required. The customer will provide the backflow prevention device.
 - (4) Whenever a customer's water system is rated hazardous, an acceptable reduced pressure zone device or air gap shall be installed.
 - (5) Whenever a customer's water system is rated aesthetically objectionable, as a minimum, an acceptable double check valve assembly shall be installed.
- d. The design of the installation of an acceptable backflow prevention device must be prepared in accordance with New York State laws and regulations. The Livingston County Water must approve the design and Sewer Authority and all agencies required by the applicable New York State laws and regulations.
 - e. It shall be the duty of the customer at any premises where backflow prevention devices are installed, except residential dual check valves, to have certified inspections and operational tests made at least once a year. In those instances where the Livingston County Water and Sewer Authority deems the hazard to be great enough, they may require certified inspections at more frequent intervals. Certified inspections and operational tests must also be made when any backflow prevention device is to be installed, repaired, overhauled, or replaced, in addition to the requirement of an annual certified inspection at the expense of the customer, and shall be performed by a certified tester approved by the New York State Health Department. It shall be the duty of the Authority to see that certified inspection and operational tests of the backflow prevention devices are made. The customer shall notify the Authority in advance, in writing, when the tests are undertaken, so that the Authority's representative may witness the test if it is so desired.
 - f. All presently installed prevention devices which do not meet the requirements of this section but were approved devices for the purposes

described herein at the time of installation and which have been properly maintained, shall, except for the inspection and maintenance requirements listed above, be excluded from the requirements of these rules so long as the Authority is assured that they will satisfactorily protect the utility system. Whenever the existing device is moved from the present location or requires more than minimum maintenance or constitutes a hazard to health, the unit must be replaced by a backflow prevention device meeting the requirements of this section.

- g. No water service connection to any customer's water system shall be installed or maintained by the Authority unless the water supply is protected as required by state laws and regulations and this article. Service of water to any premises shall be discontinued by the Authority if a backflow prevention device required by this article is not installed, tested and maintained, or it is found that a backflow prevention device has been removed or bypassed. Service will not be restored until such conditions or defects are corrected.

LIVINGSTON COUNTY WATER & SEWER AUTHORITY
GUIDELINES FOR PREPARATION OF PLANS AND ENGINEERING REPORT
Application for Approval of Back-flow Prevention Device

Engineering Report – This report must address all of the following:

1. A detailed description of the facility, including the type of tenants, all manufacturing processes, the size of the facility and the number of floors.
2. All uses of water within the facility including any equipment or fixtures which are connected to the public water supply.
3. The size and description of all domestic fire services into the facility.
4. A detailed description of the fire fighting system including the AWWA Manual M-14 class of sprinkler system, type of system, location of an anti-freeze loops, and the size and type of any proposed fire pumps.
5. A detailed description of the heating and cooling systems including a use of water for either system.
6. Method of sewage disposal.
7. Maximum flow demand.
8. Whether an underground irrigation system is proposed.
9. Pressures – existing, and after the installation of the back-flow preventer.
10. A detailed description of any proposed booster pump system on either the domestic or fire service.
11. A detailed description of the proposed installation of the meter and back-flow prevention device including the location of the meter and device, floor drains, sump pumps, lighting, heating, access for maintenance and testing, and the square footage of the floor level when the device will be installed.
12. The need for dual back-flow prevention devices. Does the facility need a continuous water supply?
13. If the facility is located within a 100-year old flood plain, note the flood plain elevation. A reduced pressure zone (RPZ) back-flow prevention device is required to be installed at least 12” above the 100-year flood plain elevation.
14. The degree of hazard as determined by the engineer or architect, include reasons for this determination.
15. This Engineering Report must be signed and stamped by the Professional Engineer who is submitting the report.

Site Plan – Must include the following:

1. General location map.
2. Location of all buildings on property.
3. Size and location of all public water mains.
4. Size and location of all domestic and fire services.
5. Location of all public and private hydrants.
6. Note location of meter and back-flow prevention device.
7. N.Y.S. Professional Engineer or Architect Stamp.

Plan and Elevation View – Must include the following:

1. Detailed drawings of the water meter and back-flow prevention device layout.
2. Note size and type of both the water meter and the back-flow prevention device.
3. Any booster pumping system.
4. All floor drains and sump pits.
5. Note all nearby objects to the meter and back-flow prevention device with clearance dimensions (if not to scale).
6. Note dimensions from the water meter and back-flow prevention device all walls, ceilings, floor and outside grade (if not to scale).
7. N.Y.S. Professional Engineer or Architect Stamp.

Livingston County Water & Sewer Authority

APPLICATION REVIEW CHECKLIST

APPROVAL OF BACKFLOW PREVENTION DEVICE

Name of Facility _____

Service Area _____

Location of Facility _____

Type of Device RPZ DCVA

Name & Model of Device _____

NYSDOH Approved Device Yes No

Received From _____

Date _____

Reviewed By _____

Date _____

MATERIALS SUBMITTED: (5 Copies required: 4 for LCDOH and 1 review copy)

DOH FORM 347 Yes No Complete & Correct Yes No

PLANS

Site Plan Yes No Plumbing Plan Yes No

Vertical Section Yes No Adequate Detail Yes No

ENGINEERING REPORT Yes No NYS Licensed Eng/Arch Yes No

Does Engineering Report address the following:

Type of facility, number of tenants, activities or processes present Yes No

All uses of water within the facility, including all fixtures & equipment connected to the water system Yes No

Description of the heating and cooling system Yes No

Method of sewage disposal Yes No

M-22 Calculations - meter size (give copy to Billing Clerk) Yes No

Maximum water demand Yes No

Connection to other sources of water Yes No

Description of the proposed installation Yes No

Degree if Hazard Determination and the reasons for the Determination Yes No

FIRE SERVICE Yes No Fire Service Classification _____

FLOOD PLAIN

Is facility located in the 100 year flood plain Yes No

100 year flood plain elevation _____
Device 1' above 100 year flood elevation Yes No

INSTALLATION DETAILS

Are all connections to the distribution system protected? Yes No

Is the installation upstream of all taps? Yes No

Are sprinkler systems connections protected? (Class 3,4 & 5) Yes No

Is the installation a pit? Yes No

If so, is there positive drainage from the pit? Gravity Drain SumpPump

Is there adequate pressure at the highest or most remote fixture in building? Yes No

Are actual vertical and horizontal clearances shown? Yes No

Is there adequate access provided to the device for maintenance & testing? Yes No

REVIEW COMMENTS & ENDORSEMENT

COMMENTS

LCWSA ENDORSEMENT Yes No By _____

Date returned to Applicant for revisions _____

Date forwarded to LCDOH _____

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 <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		
Owner's Signature			Date		8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
			M / D / Y		

9. Name of Design Engineer or Architect		10. NYS License #	
<small>Street</small> Address <small>City</small> <small>State</small> <small>Zip</small>		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
Original Ink signature and seal required on all copies Signature		10a. Telephone Number(s) Date M / D / Y	

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	
<small>street</small>		_____	
City	state	zip	
Telephone No. ()		Signature _____ 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.

COUNTY WATER DISTRICT

Rules & Regulations to Determine Annual Property Assessments

SECTION 1. DEFINITIONS The following terms shall be defined as follows:

Business-Commercial Parcel – A business-commercial parcel is any parcel within the water district which is improved by any business or commercial facility having plumbing facilities and shall include any use not otherwise defined herein.

Family – One or more persons living together as a common household in a single living quarter.

Improved Parcel – An improved parcel is any parcel, with a separate tax map number, within the water district which does not meet the definition of a residential parcel or business-commercial parcel but has a water connection.

Multiple Residential Parcel – A multiple residential parcel is any parcel within the water district which is improved by a dwelling containing separate living quarter, with separate plumbing, kitchen, and toilet facilities, capable of housing more than one family living independently of each other.

Residential Parcel – A residential parcel is any parcel within the water district which is improved by a dwelling containing a single living quarter, with plumbing, kitchen, and toilet facilities, capable of housing one family. A residential parcel shall include a home, cottage, trailer and apartment, whether occupied on a seasonal, part time or yearly basis.

Unimproved Parcel – An unimproved parcel is any parcel, with a separate tax map number, within the water district which does not have a water main which can provide a water connection to the parcel.

Vacant Improved Parcel – A vacant improved parcel is any parcel, with a separate tax map number, within the water district which is not a residential or business-commercial parcel and does not have a water connection, but has a water main which can provide a water connection to the parcel.

Water Connection – Any piping system which can extract water from a water main.

Water Main – Any piping system through which publicly supplied water is transported.

SECTION 2. UNIT METHOD. Water charges shall be based upon a determination of the number of improved units, vacant improved units or unimproved units assigned to various parcels in the water district as follows:

Improved Parcel	One improved unit per water connection
Vacant Improved parcel	One vacant improved unit.
Unimproved Parcel	One unimproved unit.
Residential Parcel	One improved unit plus one additional improved unit for each water connection in excess of one.

Multiple Residential Parcel
(includes apartment buildings)

One improved unit per separate living quarter plus one additional improved unit for each water connection in excess of the number of separate living quarters

Seasonal Camps

Seasonal camps shall be counted as a business commercial unit and shall be assigned improved units as set forth therein.

Business-Commercial

Business-Commercial parcels shall be assigned improved units based on meter size. At a minimum, each Business-Commercial parcel shall be one improved unit. The use of meter size to determine the applicable number of improved units for billing purposes is fair and equitable only if the methods used to determine meter size are consistent. For this reason, the methods described in the AWWA Manual of Water Supply Practices "Sizing Water Service Lines and Meters" (AWWA M22) will be the standard for determination of meter size. Any Business-Commercial parcel customer shall submit for review by Livingston County or its designee, a brief analysis prepared by a professional engineer licensed in New York State, which supports the meter size requested by that customer. The analysis shall describe the basis of design and state that the method used is consistent with AWWA M22.

If the customer fails to provide the required analysis or if the analysis, in the opinion of the County, is not consistent with AWWA M22 or does not reasonably reflect the customer's demand for water, the County reserves the right to size the meter and its determination will be final.

In the case where meter size is based on the need for fire protection in the Business-Commercial parcel, the District will review the improved unit charge on a case by case basis.

Meter size	Number of Improved Units
3/4"	1.0
1"	1.5
1.5"	3.0
2"	5.0
3"	11.0
4"	20.0
6"	40.0

For parcels, meter types and sizes not included in the above, the number of improved units, vacant improved units and unimproved units to be assigned will be determined by the District on a case by case basis.

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.	For the year _____
		<input type="checkbox"/> Initial test - Complete entire form <input type="checkbox"/> 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) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input 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 meets, • 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		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.