LIVINGSTON COUNTY
WSA
WATER & SEWER AUTHORITY

Cross Connection Control Guidlines

Executive Director
Jason Molino

Deputy Director
Lauren Monaghan

The Livingston County Water and Sewer Authority is responsible for the protection of the distribution system from contamination due to backflow of contaminants through the water service connection.

LCWSA as well as Livingston County Department of Health will review and approve the design and installation of the backflow device in accordance with New York State laws and regulations.

Once it is determined that a backflow prevention device is required (except for the residential dual check valves) the new application must include the following items:

- Engineering Report developed by a Licensed, Professional Engineer, example report form is included.

- Design Plans including the following:
  - General Location map
  - Location of all buildings on the property
  - Size and location of all public water mains
  - Size and location of all domestic and fire services
  - Location of all public and private hydrants
  - Location of meter and backflow prevention device
  - Detailed drawing of the water meter and backflow prevention device layout
  - Note the size and type of both the water meter and backflow prevention device.
  - Booster pump system if needed.
  - All floor drains and sump pits
  - Provide all dimensions around the meter and backflow prevention device.
  - Signed and sealed by a NYS Professional Engineer or Architect.

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.

Submit the Engineering Report, Application for Approval of Backflow Prevention Devices (NYS DOH form 347), and Plans and Specifications to the LCWSA's Lakeville office via drop-off, mail, or PDF files via email to permits@lcwsa.us

LCWSA will work with the Livingston County Department of Health to approve the submitted reports or if revisions are required, we will provide review comments as to why the application was not approved.

Once the installation is completed and the engineer has certified the installation was per the approved plan the device must also be inspected and tested by a NYS certified Backflow Prevention Device tester.

The NYS DOH-1013 form, "Report on Test & Maintenance of Backflow Prevention Device" must then be submitted to LCWSA to close out the permit.

You will then be required to have the Backflow Prevention Device tested **annually** & mail or email the test results to LCWSA. Additional information on the NYS Cross-Connection Control Program can be found at this web address: www.health.ny.gov/environmental/water/drinking/cross

LIVINGSTON COUNTY WSA WATER & SEWER AUTHORITY

ENGINEER'S REPORT FOR APPROVAL OF A BACKFLOW PREVENTION DEVICE

Executive Director
Jason Molino

Deputy Director
Lauren Monaghan

Name of Facility/Project: _____

Address: _____ **Town:** _____

1. Facility/Project Classification (Check all That Apply):

- ❑ Residential Multi Family; No. of Units _____
- ❑ Single Retail Store
- ❑ Multiple Retail Stores/Plazas
- ❑ Single Business
- ❑ Multiple Business; Professional/Office Building
- ❑ Food Service/Restaurant
- ❑ Laundromats/Dry Cleaners
- ❑ Hotel/Motel; No. of Rooms _____
- ❑ Car Wash
- ❑ Medical Center/Nursing Home/Hospital
- ❑ Funeral Home
- ❑ School – Public/Private
- ❑ Country Club/Golf Course
- ❑ Church
- ❑ Nursery/Garden Store
- ❑ Health Club/Community Center
- ❑ Automotive Sales/Service Center
- ❑ Grocery
- ❑ Other _____

2. How many stories (floors) will the facility have? _____

3. What is the square footage of floor space at the facility? _____

4. What is the maximum domestic flow rate (GPM)? _____ GPM

   What is the average daily consumption (Gallons)? _____ GPD

   What is the size of the domestic service? _____

5. Will the facility/project receive domestic water supply from a secondary source, such as (Check if Yes):

   ❑ Well ❑ Cistern ❑ Other _____

6. Please indicate method of Sewage Disposal:

   ❑ Public Sewer ❑ Private Septic ❑ Other _____

7. Will the facility require a booster pump station on the domestic Service? ❑ Yes ❑ No

   If YES, what will pressure be in MCWA's main at the point of connection during Maximum Flow: _____ PSI

8. Will the facility have a fire service? ❑ Yes ❑ No
   (If YES, answer Questions A through E below; if no, continue to Question 9)

   a. Will the fire service have a fire pump? ❑ Yes ❑ No If YES, what will pressure be in MCWA's main at the point of connection during Maximum Flow: _____ PSI.

   b. Is the facility located within 1700 feet of an alternative source of water (retention pond, lake, river, canal, etc.) from which fire equipment could draw from (draft) in the event of a fire? ❑ Yes ❑ No
   If YES, please describe: _____

   c. What is the size of the fire service? _____

   d. What is the maximum flow rate of the fire service? _____

   e. Check all that apply to the facility's fire system: ❑ Wet System ❑ Dry System ❑ Private Fire Hydrant

   ❑ Pumper Connections ❑ Other _____

9. Will the facility have an underground lawn/landscape irrigation system? ❑ Yes ❑ No

10. Does the facility require a continuous water supply? ❑ Yes ❑ No **(if YES, dual backflow preventers will be required)**

11. Is the facility located within the 100-year flood plain? (a Reduced Pressure Zone (RPZ) backflow prevention device must be installed 12 inches above the 100-year flood plain) ❑ Yes ❑ No

12. Will the area where the backflow preventer is located be adequately heated to prevent freezing? ❑ Yes ❑ No

13. Will the area where the backflow preventer is located be adequately lighted to allow for maintenance and testing of the device? ❑Yes ❑ No

14. Will the backflow preventer be located in a vault, basement, and/or located below grade where a drain is necessary to accommodate the relief port? (If YES, please answer question A below) ❑ Yes ❑ No

    a. Will the RPZ drain to a crock or other holding container, which will require final discharge? (If YES, describe)

    _____

15. Is the drain for the RPZ relief port adequately sized to accommodate a full discharge (dump) from the relief port without flooding the surrounding area? ❑ Yes ❑ No

16. Please indicate where the RPZ relief port drain line discharges to:
    ❑ Sanitary Sewer Lateral ❑ Storm Sewer Lateral ❑ Outside Grade System ❑ Outside Grade
    ❑ Private Septic System ❑ Other _____

17. What is the water pressure at the facility (upstream and downstream) of the proposed backflow prevention device(s), both domestic and fire, during maximum flow conditions?
    Domestic RPZ ❑ N/A (Check if domestic service has been determined to be non-hazardous)

    _____PSI Upstream Make & Model No. of Proposed RPZ _____
    _____PSI Downstream Size of Main Backflow Device _____

    Fire Service RPDA ❑ N/A (Check if there is no Fire Service or if Fire Service has been determined to be non-hazardous)

    _____PSI Upstream Make & Model No. of Proposed RPZ _____
    _____PSI Downstream Size of Main Backflow Device _____
    Size of Detector Backflow Device _____

18. Date of Report Completion: _____

Engineers' Stamp and Signature Box

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 Street	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 ☐ Initial Device Installation ☐ Replace Existing Device

Full Mailing Address
Address _____ street

City _____ state _____ zip _____

Owner's Signature _____ Date _____/_____/_____ M D Y

8a.
☐ New Service
☐ Existing Service

8b.
☐ New Building
☐ Existing Building
☐ Major Renovations

9. Name of Design Engineer or Architect

Street
Address _____

City _____

State _____ Zip _____

_____
Signature

Original Ink signature and seal required on all copies

10. NYS License #

_____

☐ PE ☐ RA ☐ Other

_____

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

☐ Hazardous
☐ Aesthetically Objectionable

List of processes or reasons that lead to degree of hazard checked:

_____

_____

14. Public water supply name

Mailing Address

_____
street

_____
City state zip

Telephone No. ( )

Name of supplier's designate representative

Title

_____

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.

DOH-347 (5/91)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Flanigan Square, 547 River Street, Room 400
Troy, New York 12180-2216

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 _____

Address_____
Street City Zip

Location of Device
_____
_____

Device Information	Manufacturer	Type ☐ RPZ ☐ 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 ☐ Closed tight ☐ Pressure drop across first check valve _____ psid	Leaked ☐ Closed tight ☐	Opened at _____ psid	Date ☐☐ ☐☐ ☐☐ M D Y
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: ☐☐ ☐☐ ☐☐ M D Y
Final test	Closed tight ☐ Pressure drop across first check valve _____ psid	Closed tight ☐	Opened at _____ psid	Date ☐☐ ☐☐ ☐☐ M D Y

Water Meter Number	Meter Reading	Type of Service: (check one)
		9 Domestic 9 Fire 9 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 owner's (or owner's 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 ATest Before Repair@ and indicate:

C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop accross the check valve must be at least 5.0 psid.

C Whether check valve #2 leaked or closed tight.

C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.

C 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 Afinal test@ section only if repairs have been made.

Indicate the water meter number/meter reading and the type of service (describe Aother@ 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 heatlh department and retain copies for the tester=s personal records.

Revised 12/93