
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

**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):

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

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 the 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 LCWSA'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 _____

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
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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 M / D / Y	

9. Name of Design Engineer or Architect	10. NYS License #												
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Date	M / D / Y												

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost
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13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	List of processes or reasons that lead to degree of hazard checked: _____ _____
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14. Public water supply name	Name of supplier's designate representative
Mailing Address street City state zip	Title Signature _____ 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 _____ Address _____ Street City Zip			Location of Device _____ _____		
Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> PCV	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	
				Date <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 checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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 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 ()	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m d y	_____
Representing		Describe minor installation changes	
Address			
City	State Zip		
Signature _____			

**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 A Test Before Repair and indicate:
 - C 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.
 - 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 A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A 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.