

THE TOWN OF GREENBURGH
CONSOLIDATED WATER DISTRICT NO.1

The following steps must be followed to receive approval for a water service from the Greenburgh Consolidated Water District No. 1.

1. Determine that the property to receive water service is located within the Water District. The Town Engineering Department can assist if there is any question.
2. Familiarize yourself with Water District Rules and Regulations for additional detail on the requirements for water service. The Rules and Regulations are available on the Town web site or can be picked up at the Water Department office.
3. Submit a copy of a site plan of the property including all buildings and structures on the property. The plan must also show the proposed route of the water and sewer lines in compliance with the Rules and Regulations. Any other underground utility services should also be noted and the plan must include dimensions.
4. Submit a copy of the building permit or plumbing permit issued from the building department.
5. Complete and submit an Application for Water Service.
6. Commercial and Residential properties that are required to have backflow prevention devices installed will have to submit an application for approval from the Westchester County Department of Health. The application submittal package must be prepared by an Engineer and returned to the Greenburgh Water Department for review.
7. The Water Department will make any taps and the plumber is responsible to run the service from the water main to the house. The Water Department will provide the curb stop valve and curb box to be installed by plumber. The plumber MUST arrange for the water service to be inspected by the plumbing inspector before backfilling trench.
8. The Water meter will only be issued/installed in a heated space. The contractor will drill a 1/8" hole from the meter location to the outside of building where a radio reading unit will be installed and also is responsible for protecting the water meter. Any damaged/frozen meter will incur fees and penalties.
9. The Water Department will operate any curb/street valves. No contractor or plumber is authorized to operate these valves.

WHEN ALL THE ABOVE CONDITIONS HAVE BEEN MET THE WATER SUPERINTENDENT WILL APPROVE THE WATER SERVICE APPLICATION AND WORK CAN PROCEED.

Appl. No.: _____ District No.: _____ Location I.D.: _____ Customer I.D.: _____



TOWN OF GREENBURGH CONSOLIDATED WATER DISTRICT NO. 1 APPLICATION FOR WATER SERVICE

Date: _____

Street Address: _____

Tax Map Description: Vol: _____ Sec: _____ Sheet: _____ Block: _____ Lot: _____

Subdivision: _____ Tax I.D.#: _____

Owner's Name: _____

Mailing Address: _____

Owner's Phone: _____ E-Mail: _____

Plumber: _____ Phone: () _____

		<u>Per Schedule of Fees</u>	
Combination Fire/Domestic tap	_____	Fee: _____	\$ _____
Combination Service Meter Size:	_____	Fee: _____	\$ _____
Fire Service connection tap	_____	Fee: _____	\$ _____
Fire line meter	_____	Fee: _____	\$ _____
Plastic Meter Pit	_____	Fee: _____	\$ _____
Insp. of termination of old tap	_____	Fee: _____	\$ _____
Insp. & turn water on at curb valve	_____	Fee: _____	\$ _____
		TOTAL FEES:	\$ _____

Type of use:

Domestic only: _____ Fire Line: _____ Combination line: _____ Fire Sprinklers: _____

Is meter pit required? _____

Backflow device design required? _____

Note:

I hereby apply for water service at the above premises, of which I am the owner. I agree to be bound by the Rules and Regulations of the Consolidated Water District No. 1 as published and amended from time to time. I acknowledge receipt of a copy of said regulations, and that I have read and understand them.

Owner: _____
Signature

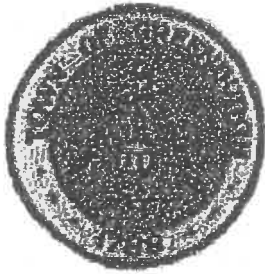
Date: _____

Approved by: _____
Andy Donnelly, Supt.

Date: _____

Permit becomes valid upon signing by Owner & Superintendent and payment of all fees as noted above.

To schedule an appointment for a Water Main Tap, Meter or Inspection, call the General Foreman at (914)989-1902. Please be advised that a 24 hour notice is required (Rules & Regs., Sect. 4.7). For excavation requirements see Rules & Regs., Sect. 4.5. Taps 2" and larger may require more lead-time for ordering materials.



TOWN OF GREENBURGH

Consolidated Water & Sewer Districts

181 Knollwood Road, White Plains, NY 10607

phone: (914) 993-1592 fax: (914) 993-1578

Victor Carosi, P.E. - Commissioner

John K. Devany - Superintendent

PROPERTY OWNER'S AFFIDAVIT

Date: _____

To Greenburgh Consolidated Water District:

Per Section 3.3 of the District Regulations I, _____
Print your name

_____ of _____
Title or position in company Name of corporation or company (if owned by company)

corporation hereby delegates to _____ the authority to sign
Print name of agent (not a company)

the Permit for Water Service application on my behalf. I also acknowledge that I have received a copy of the Water District Rules and Regulations for which I understand govern the use of water in the Town and are Town Law.

Signature of Owner named above

STATE OF }
COUNTY OF }

SS.:

On this _____ day of _____, 20____, before me personally came

_____ known to me to be the _____

of _____ the corporation referred to within the Property

Owner's Affidavit, who being by me duly sworn did depose and say that (s)he is

_____ of said corporation and that (s)he signed h _____ name thereto.

(Notary signature stamp)

**REQUEST TO INSTALL AND COMPLETED WORKS
FOR A BACKFLOW PREVENTION DEVICE**

REQUEST TO INSTALL A BACKFLOW PREVENTION DEVICE

Description: Prior to the installation of a backflow prevention device, approval must be secured from the Westchester County Department of Health.

Applicable Codes: Part 5, Subpart 5-1 Section 5-1.31 of the New York State Sanitary Code and Chapter 873, Article VII, Section 873.707.1 of the Laws of Westchester County, NY.

Fees: Chapter 873, Article XXI, Section 873.2117 of the laws of Westchester County, NY.

Applicants should contact their local water purveyor to determine the required type of backflow prevention device for their facility. A completed application packet must be submitted to the water purveyor for their original endorsement and signature. Once signed, the water purveyor will forward submittal to the Westchester County Department of Health (WCDOH) for review and approval.

Submittal: When requesting approval of a project pursuant to the above provision, the following list serves as the minimum filing requirements:

- (1) A completed Form DOH 347 *Application for Approval of a Backflow Prevention Device*, plans, Engineer's Report, and specifications, in quadruplicate, are forwarded to the local water purveyor who in turn forwards the submittal to the Westchester County Department of Health. Plans and Engineer's Report must bear the original seal and original signature of a design professional (Professional Engineer or Registered Architect, licensed and registered in the State of New York).
- (2) Application fee of ~~\$180~~ ^{\$100} per device. Check should be made out the Westchester County Department of Health
- (3) A separate application is required for each backflow prevention device.
- (4) A completed Certification of Resolution (if the owner is a corporation).
- (5) Letter of Authorization which authorizes the design professional to file applications on behalf of owner.
- (6) The design professional's report must include the service water demand and a statement that the proposed device is capable of satisfying this demand.
- (7) All plans must be prepared pursuant to Title VIII, Article 142, Section 7209.2 of the New York State Education Law and bear the warning statement.
- (8) Piping for the device(s) must be shown in plan and profile views, clearly labeled, dimensioned and detailed.
- (9) Bypass piping without cross-connection protection is prohibited. If a bypass is necessary, a backflow prevention device must be installed on such.
- (10) The backflow preventer must be installed a minimum of thirty inches (30") above the floor level or eighteen inches (18") from the floor to the bottom of discharge port (whichever is greater). Devices must be installed so that there is access for servicing and testing. Any devices installed at greater than 5'-0" off the floor must include an OSHA approved safety platform for test procedures, and this must be noted on the drawings. A device cannot

be installed closer than twenty-four inches (24") from a ceiling-or any vertical obstruction(s).

- (11) A minimum of twelve inches (12") of clear space shall be maintained above the shut off valve.
- (12) A minimum of thirty inches (30") is required in front of the backflow preventer. A minimum of eight inches (8") is required behind the backflow preventer. Devices in parallel must be thirty inches (30") apart.
- (13) Vertical installation of backflow preventers will be accepted if the device is approved by the State for that type of configuration. The flow direction must be denoted on the plans.
- (14) Reduced Pressure Zone (RPZ) Devices must be installed with an air gap. The air gap shall be twice (2x) the diameter of the discharge (relief valve) port. The air gap and discharge port size must be clearly noted on the drawings. All waste discharges must drain in general to a sanitary sewer or disposed of in an approved manner, which will be reviewed on a case-by-case basis. When the discharge pipe is to be connected directly to a sanitary sewer line, a P-Trap and Backwater Check Valve must be provided.
- (15) RPZ discharge piping and receptacles must meet the sizing criteria as delineated in the *supplement to the 1981 CROSS-CONNECTION Control Manual* for catastrophic failure. If this is not possible, then a discharge sensor, alarm, and automatic shutoff valve may be considered as a special circumstance by the Department of Health. All special circumstances are reviewed on a case-by-case basis.
- (16) Adequate provisions must be made for heat and light and such shall be clearly noted on the plans.
- (17) Valves must be situated on both sides of the backflow prevention device. A strainer must be placed on the feed side of all devices other than fire services utilizing Double Check Valves (DCV). These items must be clearly noted on the plans.
- (18) Site plan showing building address, building locations, cross streets, northern direction, water service and water main size and location, and device location within the premises is required.
- (19) If a building or facility has more than one backflow preventer, they may all be included on one plan, provided they are clearly located and identified. If they are all of the same make, model, and size, one typical detail may suffice, otherwise a separate detail for each shall be provided.
- (20) **For Devices Installed in Pits:** A pit must be capable of being drained by gravity to grade (daylight). The discharge piping must be of sufficient size and set at adequate grade to take the entire discharge of the RPZ. The discharge pipe shall be adequately supported and equipped with flap valve and screen to prevent the entrance of cold air, small animals and rodents and must discharge to a non-pedestrian area. The plans must clearly indicate that discharge to the outside is to a non-pedestrian area.

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.			
City		state	zip		
Owner's Signature		Date	<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
		M / D / Y	<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 #			
<small>Street</small> Address City State zip Signature Original ink signature and seal required on all copies		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> 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		List of processes or reasons that lead to degree of hazard checked:			
<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		<hr/> <hr/>			
14. Public water supply name		Name of supplier's designate representative			
Mailing Address		Title			
<small>street</small>		Signature			
City state zip		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.



TOWN OF GREENBURGH

Consolidated Water & Sewer Districts

181 Knollwood Road, White Plains, NY 10607

Victor Carosi, P.E. - Commissioner

John K. Devazy - Superintendent

To: **Property Owners or Engineers**

Re: ***Cross-Connection Control Program***

On November 26, 1990 the Westchester County Health Department notified the Greenburgh Water District that we must *actively* enforce the New York State Sanitary Code, Section 5-1.31 ***Cross Connection Control*** which mandates that the local "...supplier of water shall protect the public water system by containing potential contamination within the premises of the user in (a manner as described in that section of the code)". In furtherance of this directive you are required to design and submit a *Application for Backflow Preventors* as outlined in the attached instructions from the Westchester County Health Department.

The submittal, including the applications, plans, Engineer's report, Letter of Authorization and check made payable to the *Westchester County Health Department* **MUST FIRST BE SUBMITTED TO THE GREENBURGH WATER DEPARTMENT** for endorsement. After being signed by the writer, we will forward it on to the County Health Department. When approved for construction, the County Health Department will notify the design Engineer and the local Water Department to proceed with the work. **NO INSTALLATION OF ANY DEVICE IS PERMITTED UNTIL THIS WRITTEN APPROVAL HAS BEEN RECEIVED.** No water will be allowed to be turned on until the required device is in place and approved for use by the Greenburgh Water Department.

Backflow submittals will be reviewed, inspected, commented on as necessary in the order that they are received at the Water Department. Owners and Engineers are advised that this process could be a lengthy one, so plan accordingly.

If there are any questions - please feel free to contact my office.

Sincerely,

Greenburgh Water District

CONSOLIDATED WATER DISTRICT NO. 1

SCHEDULE OF FEES

TURN OFF/ON service at curb stop (any reason) normal business hours:	\$36.00
After normal hours, Weekends & Holidays (up to 2'')	\$72.00
Final or Special meter reading at customer's request normal business hours:	\$43.00
Excessive time necessary to read meter (pit with heavy cover, inaccessible, etc.) or operate curb shut off valve larger than 2''	T&M ¹

Tapping Fee (includes tap, curb stop, curb box, NOT EXCAVATION):

<u>Tap Size</u>	<u>Tap Fee</u>	<u>Meter Size</u>	<u>Meter Fee</u>	<u>Pit Cost (plastic)</u>
3/4''	\$331	5/8'' x 3/4''	\$298	\$550
3/4''	\$331	3/4'' (short length)	\$357	\$550
1''	\$373	1''	\$449	\$550
1 1/2''	\$828	1 1/2''	\$1,007	\$1,800
2''	\$994	2''	\$1,375	1,800
4''x4''	\$3,775	3'' Compound	\$3,995	
6''x4''	\$3,914	4'' Compound	\$5,796	
6''x6''	\$4,150	6'' Compound	\$9,108	
		All other meters	Cost + 15% (handling)	

<u>Tap Size</u>	<u>Tap Fee</u>	<u>Tap Size</u>	<u>Tap Fee</u>
8''x4''	\$3439	10''x10''	\$5443
8''x6''	\$3613	12''x4''	\$4234
8''x8''	\$4024	12''x6''	\$4433
10''x4''	\$4232	12''x8''	\$4877
10''x6''	\$5,320	12''x10''	\$6,823
10''x8''	\$5,854	12''x12''	\$7,846

Charges for other Tap & meter sizes to be determined by Superintendent of Water District based on T&M.

Minimum Quarterly Bill (Residential & Commercial)	\$20.00
Minimum Monthly Bill (Commercial)	\$20.00
Transfer Fee (if Final Bill not paid prior to closing)	\$35.00
Returned Check fee	\$30.00
Late fee for current charges which are not paid by the due date stated on the bill, per moth not to exceed 12%	1.5%
Extra Charge if trench is not ready for tap	*T&M
Inspection of service line termination at corporation stop on main	\$43.00
Frozen Meter	*T&M
Emergency Call (minimum charge of \$50 for any reason)	*T&M