

## **Kingston Water Department**

PO Box 1537 City of Kingston, N.Y. 12402

Instructions for the Submission of Backflow Prevention Plans

- 1. A site plan sketch must be provided that shows:
  - a. Utilities
  - b. Property lines (approximate)

The sketch must show the approximate length of the service line from the main to the meter, the relative location of the meter and the backflow device as well as any laterals off of the main service line in the vicinity of the meter.

- 2. The plans for the device being installed along with cut sheet showing approval from CSA. These plans must be stamped by either a Professional Engineer, licensed in NYS or an Architect registered in NYS. If the installation is 2 inches or less, the KWD has a set of generic plans that are suitable for use with most typical installations.
- 3. The application (DOH-347) must be completed and signed by the owner. The KWD will complete the following items on the application: 11, 13, and 14. All other boxes on the application should be completed before the application is submitted to the KWD for review.
- 4. The application fee of \$150 must accompany submission. This fee will cover the initial review of the submission by the Department as well the review of a single re-submission, should that be required. If further submissions are required beyond that, an additional fee of \$50 will be required for each review thereafter.

Office: 111 Jansen Avenue (845) 331-0175 FAX (845) 340- 9209 E-MAIL: water@kingston-ny.gov

#### Additional Information for Owners:

- Once the plans are reviewed, and approved by the Water Department, they will be forwarded to the Ulster County Health Department (UCHD) for their review.
- If acceptable, the UCHD will issue a Certificate of Approval
- Once the Certificate of Approval has been received, the customer may
  proceed with the installation of the backflow device. All work must be
  done by a master plumber licensed by the City of Kingston. If the
  customer chooses to proceed with the installation before the UCHD issues
  the Certificate of Approval, the customer does so at his/her own risk and is
  liable for any changes that the UCHD may require.
- Within 45 days of the installation, the initial test on the device must be performed. This test will be performed by the Water Department at no charge to the customer and may be scheduled by calling the Water Department at 331-0175.
- 10 NYCRR Section 5-1.31 stipulates that all devices must be tested annually by a Certified Backflow Tester. A copy of the inspection and test must be forwarded to the Kingston Water Department for this requirement to be satisfied.
- As a courtesy, the KWD will notify the owner of the need to have the annual test performed on the device during the month preceding the test date. If the work is not performed by the required date, a \$50.00 fine will be assessed. A 2<sup>nd</sup> notice will be issued informing the owner that the test is past due and that they have 10 days to have the work completed or face termination of service. If the work is still not performed on the date of the termination, a fine of \$100 will be assessed and the service terminated.
- If you have questions regarding the application, please call the Water Department at 331-0175.

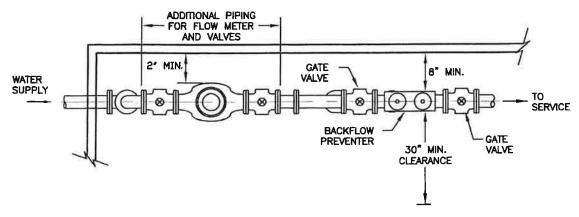
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# NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Public Water Supply Protection

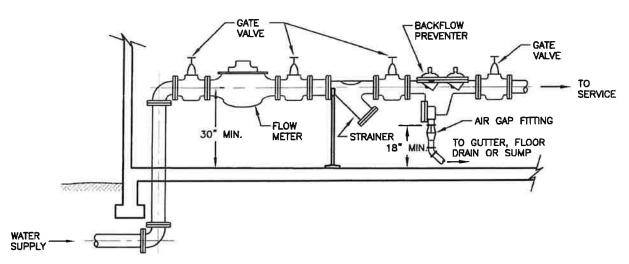
# **Application for Approval of Backflow Prevention Devices**

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES Please completed items 1 through 12a + Block and Lot Numbers			Bl	ock #	Lot #	FOR DEPARTMENT USE ONLY Log No.				
Name of Facility				2. City, Village, Town			3. County		y	
Street 4. Location of Facility					City		state			zip
4a. Phone Numbers				5. Contact Person						
Approx. Location of Device(s)				6. Mfg. Model # Size of Device(s)			(s)			
# of Fire Services	e Services # of Domestic Services # of Combin		nbine	ed Services Total # 0		of Services Total # of Buildings		# of Buildings		
7. Name of Owner		Title	PI	hone	e Number	l	8. Nature of works Initial Device Installation Replace Existing Device			
Full Mailing Address street Address					8a. New Service Existing Service					
Owner's Signature Date _				_	//_ M D	8b. New Building  Existing Building			g Iding	
Name of Design Engineer or Architect					10. NYS License #					
Dennis M. Larios, P.E.  Street  Address 67 Maide			ide	en Lane						
KWD Pre-approved	State NY			<sup>Zip</sup> 1240	1	10a. Telephone Number(s)		·(s)		
Signature and seal required on all copies				natu	Date 04 / /2			<u>/ 2014</u> Y		
11. Water System Pressure (psi) at Point of Connection  12. Estimate Installation Cost  12a. Estimate Design Cost						ost				
Max Avg Min    13. Degree of Hazard List of processes or reasons that lead to degree of hazard checked:    X										
Aesthetically Obj										
14. Public water supply name Kingston Water Department Mailing Address				Name of supplier's designate representative  Title						
PO Box 1537 street				Superintendent						
Kingston, NY 12402  City state zip  Telephone No. (845)331-0175				-	Signature// M D Y					
, (3.12)										

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.



#### PLAN



### **ELEVATION**

#### ABOVE GROUND INSTALLATION IN BUILDING

(SHOWN WITH FLOW METER)

#### NOTES:

- SEE GENERAL NOTES.
   PROVIDE PIPE SUPPORTS AS REQUIRE

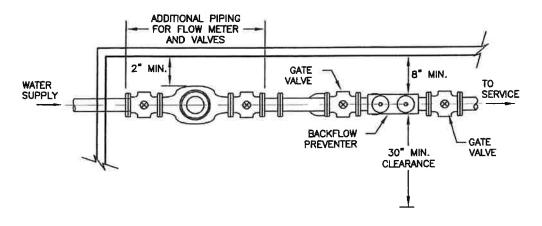


Unauthorized alteration or addition to a plan bearing a licensed engineer's seal is a violation of section 7209, subdivision 2, of the New York State Education Law.

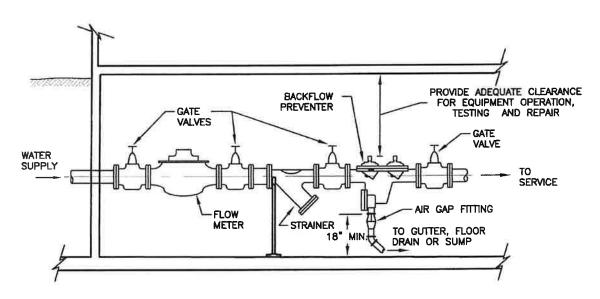
#### KINGSTON WATER DEPARTMENT

PLANS AND SPECIFICATIONS FOR THE INSTALLATION OF REDUCED PRESSURE TYPE **BACKFLOW PREVENTERS** (FOR SERVICES 2" OR LESS)

CITY OF	KINGSTON	ULSTER COUN	ΠΥ	NEW YORK		
DATE	REVISION RECORD	BRINNIER & LARIOS, P.C. ENGINEERS & LAND SURVEYORS 67 MAIDEN LANE KINGSTON, N.Y.				
		SCALE Not To Scale	APR. 201 DWG CHK WFP JD	4 1 OF 1		



#### **PLAN**



## **ELEVATION**

## HORIZONTAL INSTALLATION IN BASEMENT

(SHOWN WITH FLOW METER)

#### NOTES:

- 1. SEE GENERAL NOTES.
- 2. PROVIDE PIPE SUPPORTS AS REQUIRED.

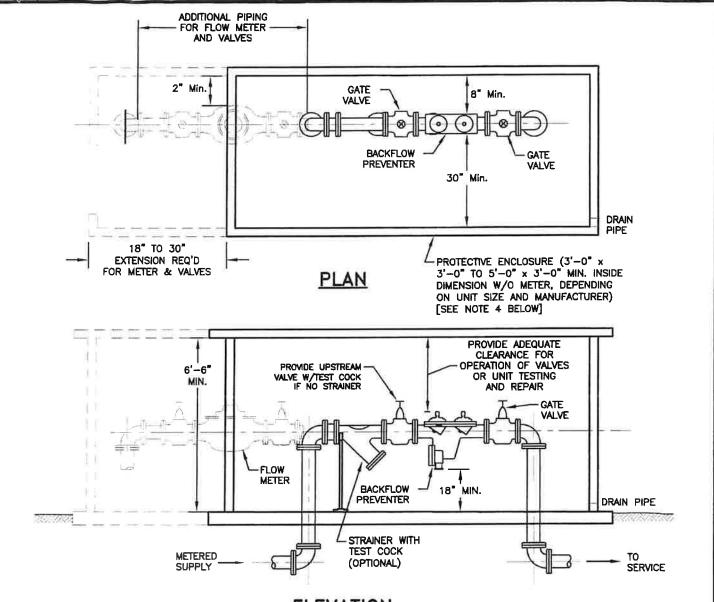


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#### KINGSTON WATER DEPARTMENT

PLANS AND SPECIFICATIONS
FOR THE INSTALLATION OF REDUCED PRESSURE TYPE
BACKFLOW PREVENTERS
(FOR SERVICES 2" OR LESS)

1	(1011 021111020 2 011 2200)							
CITY O	F KINGSTON	ULSTER COUN	NEW YORK					
DATE	REVISION RECORD		OS, P.C. SURVEYORS KINGSTON, N.Y.					
		SCALE Not To Scale	APR. 2014  DWG CHK WFP JDD	SHEET NO.				



#### **ELEVATION**

## ABOVE GROUND INSTALLATION (SHOWN WITH AND WITHOUT FLOW METER)

#### NOTES:

- SEE GENERAL NOTES.
- 2. PROVIDE PIPE SUPPORTS AS REQUIRED.
- PROVIDE HEATING & LIGHTING FOR ENCLOSURE.
- 4. BACKFLOW PREVENTER MAY BE INSTALLED IN BUILDING OR IN PROTECTIVE ENCLOSURE.



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#### KINGSTON WATER DEPARTMENT

PLANS AND SPECIFICATIONS
FOR THE INSTALLATION OF REDUCED PRESSURE TYPE
BACKFLOW PREVENTERS
(FOR SERVICES 2" OR LESS)

CITY OF KINGSTON

DATE REVISION RECORD

BRINNIER & LARIOS, P.C.

ENGINEERS & LAND SURVEYORS

67 MAIDEN LANE

KINGSTON, N.Y.

SCALE

Not To Scale

WEP APR. 2014

NOT 1 OF 1