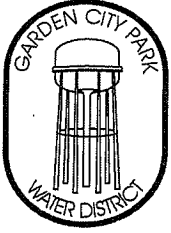


GARDEN CITY PARK WATER DISTRICT RULES AND REGULATIONS FOR UNDERGROUND IRRIGATION SYSTEMS

UNDERGROUND IRRIGATION SYSTEMS

All underground sprinkler systems and/or other irrigation systems, must comply with the following requirements:

1. All homes with an underground lawn sprinkler must have at least a double check valve (DCV) as a form of backflow prevention. In addition, there are other reasons that the District may require a backflow prevention device, however this will occur only as a result of a District inspection.
2. A lawn sprinkler application must be submitted with \$25.00, DOH-347 form and a plot plan. The DOH-347 form is a New York State Health Department application for the installation of a backflow prevention device. In addition the plot plan is just a simple sketch showing the location of the device and the water meter.
3. Most times the water meter is in the basement and the backflow device would be installed directly after the meter. **However, if the meter is in the pit, then the device must be installed in the meter pit.** In this situation a "Z" setter is required. If the installer can not put the DCV in the meter pit, the reason must be submitted in writing. The device can only go inside the home upon District and Nassau County Health Department approval.
4. All underground irrigation systems must be equipped with a timing device programmed to automatically operate and permit flow only during the days and hours permitted under Nassau County Water Conservation Programs. The automatic On-Off timed controlled irrigation system is to remain OFF during the period between the permissible irrigation days and times.
5. The system shall be designed to restrict total system water use during the allowable ON irrigation periods to a water flow rate not to exceed 10 gallons per minute.
6. Each irrigation system shall be equipped with devices to automatically turn the irrigation system off when it rains during irrigation periods, when it has rained prior to the irrigation period and/or when the soil moisture conditions are adequate for plant growth without further addition of water. **All systems must always have a rain sensor.**
7. Sprinkler heads shall be placed so that the overlap areas under irrigation from adjacent sprinkler heads shall be minimal. Special sprinkler heads shall be used as necessary to preclude the application of water on paved areas that do not require irrigation.
8. **ALL BACKFLOW PREVENTION DEVICES MUST BE TESTED ANNUALLY.**
9. All of the above information also pertains to commercial accounts. The only difference with commercial accounts is the backflow prevention must be a Reduced Pressure Zone Device (RPZ).
10. The test form DOH-1013, and plot plan must be completed by a certified backflow tester only.
11. The lawn sprinkler applications, DOH 347, and plot plan must be submitted to the District office/ Cross Connection Division before any work is done.



GARDEN CITY PARK WATER DISTRICT

333 Marcus Avenue • Garden City Park, NY 11040

Tel. 516.746.3194 Fax. 516.746.3157

Email:GCPWATER@AOL.COM

APPLICATION TO INSTALL OR MODIFY AN UNDERGROUND LAWN SPRINKLER SYSTEM

1. LOCATION OF PROPERTY: _____

2. APPLICANT'S NAME: _____

OWNER

TENANT

AGENT

OTHER (SPECIFY)

3. APPLICANT'S TELEPHONE NUMBER:

DAY: _____

EVENING: _____

4. THIS APPLICATION IS FOR A:

NEW
SYSTEM _____

MODIFICATION OF AN
EXISTISTING SYSTEM _____

5. PROPOSED CONTRACTOR:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

6. PROPOSED DATE TO BEGIN WORK: _____

PROPOSED DATE TO END WORK: _____

7. THIS SYSTEM WILL BE EQUIPPED WITH

	YES	NO
AUTOMATIC TIMED CLOCK	_____	_____
RAIN SENSOR	_____	_____
DOUBLE CHECK VALVE BACKFLOW PREVENTION	_____	_____

8. THE SPRINKLER SYSTEM SUPPLY LINE WILL BE CONNECTED TO:

9. WILL ANY CONNECTION FOR THE SYSTEM BE MADE IN THE PIT?

YES _____ NO _____

10. IS ONE (1) SET OF PLANS APPENDED TO THIS APPLICATION?

YES _____ NO _____

(THE PLAN MUST BE DRAWN TO A SCALE NO SMALLER THAN 1"=40FT. IT MUST SHOW THE NAME OF THE PROPERTY OWNER, TAX LOT, SECTION AND BLOCK NUMBERS, BOUNDARY LINES OF THE PROPERTY, LAYOUT OF THE SYSTEM, NUMBER OF SPRINKLER ZONES, MAXIMUM SPRINKLER FLOW, SOURCE OF WATER SUPPLY, SIZE OF SUPPLY LINE, LOCATION OF THE METER PIT AND LOCATION OF THE BACKFLOW PREVENTION DEVICE.)

11. WILL SYSTEM BE AVAILABLE FOR INSPECTION UPON COMPLETION OF WORK?

YES _____ NO _____

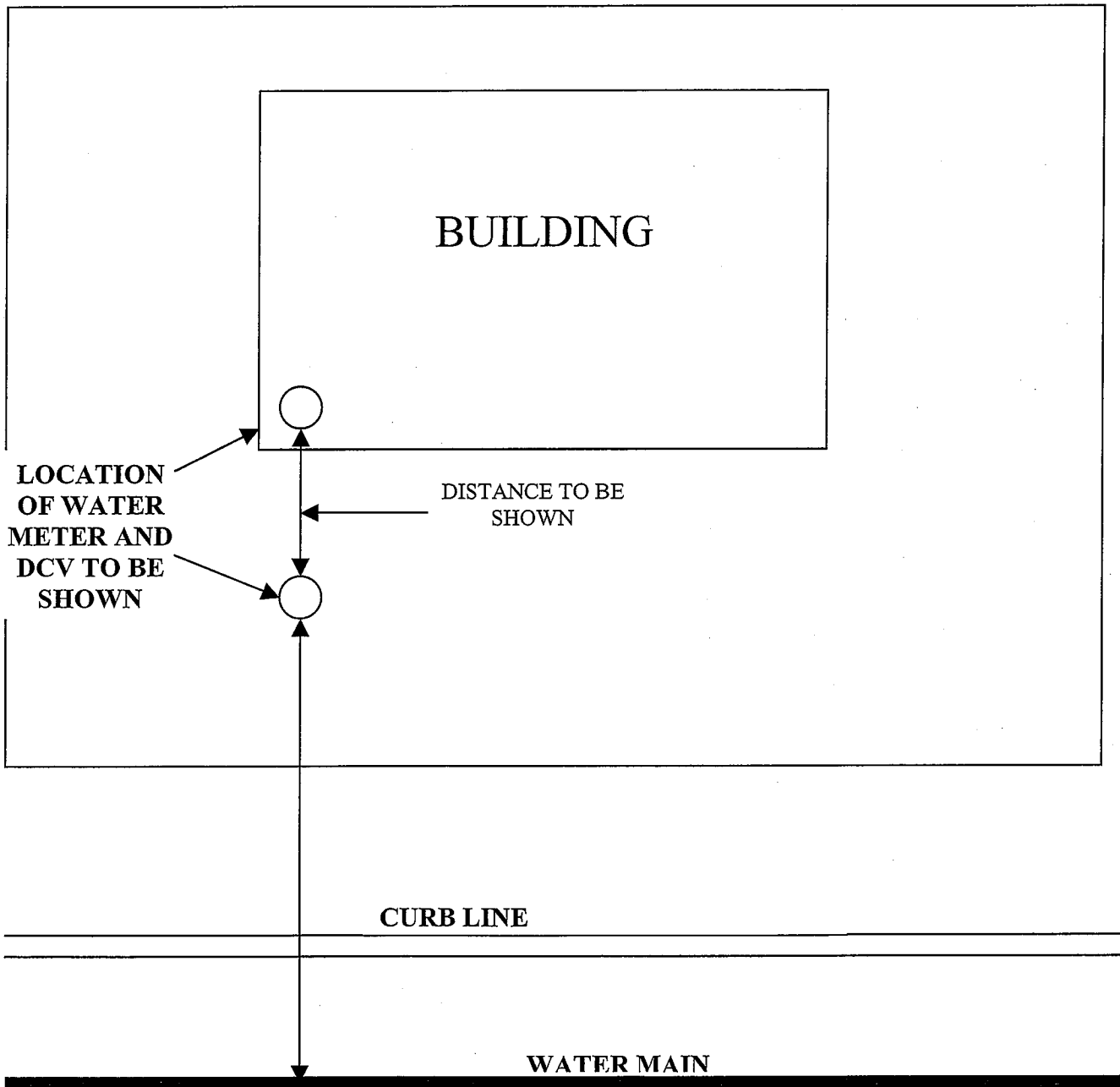
I, _____ state that:

1. I have read and am familiar with Section 10 of the ordinance of the GCPWD titled "Underground Automatic Lawn Sprinkler Systems."
2. I will comply in all respects with such ordinance.
3. The information provided in this application is true to the best of my knowledge.
4. I understand that a violation of this ordinance may subject the property owner to a fine and/or termination of water service.

(Signature of applicant)

Dated: _____

TYPICAL PLOT PLAN



DO NOT USE

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>		<small>City</small>	<small>state</small>	<small>zip</small>
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
# 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 <small>Address</small>		8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
<small>City</small>		<small>state</small>	<small>zip</small>	
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 #		
		<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		_____		
14. Public water supply name		Name of supplier's designate representative		
Mailing Address		Title		
<small>street</small>		_____		
<small>City</small>		<small>state</small>		
<small>zip</small>		Signature		
Telephone No. ()		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.

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

Report on Test and Maintenance
Of Backflow Prevention Device

For the year _____

- Initial test: Complete entire form
 Annual test - Complete Part A Only

PART A Please use a separate form for each

Public Water Supply Garden City Park Water District		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 Light <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened at _____ psid	DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
	Pressure drop across first Check valve _____ psid				
Describe Repairs And Material Used				Repaired By Name _____ Lic # _____ Date Repaired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
				DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final Test	Closed Tight <input type="checkbox"/> Pressure Drop Across First Check Valve _____ psid	Closed Tight <input type="checkbox"/>	Opened At _____ psid	DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
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: by-bases, outlets before the device, connections between the device and point of entry, missing or inadequate air gap, 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 has been made in accordance with the approved plans

Name	Title	DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	NYS DOH Log# _____
License Number	Phone() _____		
Representing		Describe Minor Installation Changes	
Address			
City	State Zip		
Signature _____			