



# RWD *Riverhead Water District*

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## Backflow Containment Devices

The purpose of this information is to aid you in compiling the necessary information required for approval of the installation of your **Reduced Pressure Zone Device/Double Check Valve backflow device**.

The following paperwork is required for service to **ALL NEW BUILDINGS** (regardless of the service size), **ALL EXISTING BUILDINGS CLASSIFIED AS A COMMERCIAL BUILDING** and **ALL FIRE LINES**. Any other service deemed to present a degree of hazard at the discretion of the Superintendent of the Riverhead Water District shall also require a back flow prevention device:

**\*\*A charge of \$75 is due to the Riverhead Water District at the time of receipt of RPZ application and plans for review and submittal to the SCHD.**

**FIVE (5) copies of the following:**

- 1. Application for 347 or DOH 1013**
- 2. Plot plan – stamped by your Architect or Engineer**
- 3. Installation drawing – stamped by your Architect or Engineer (If located in a hot box or mounded vault a depiction must accompany drawing)**
- 4. Engineer's Report (sample attached)**
- 5. Owner's Letter of Compliance – 1 copy (sample attached)**
- 6. Copy of the manufacturer's product data sheets (including specifications) for the proposed RPZ.**
- 7. Copy of the manufacturer's product data sheets (including specifications) for the proposed RPZ enclosure if applicable.**

**\*\*There is a fee of \$75 payable to the SC Dept of Health Services that must accompany the submittal.**

**\*Regardless of the Application Form submitted, the NYS DOH 1013 must be completed by the design Engineer/RA upon completion of the device installation and submitted to the Riverhead Water District.**

Forward 5 complete sets to:  
**Riverhead Water District**  
**1035 Pulaski Street**  
**Riverhead NY 11901**

**NEW YORK STATE  
DEPARTMENT OF HEALTH  
GUIDELINES TO BACKFLOW PREVENTER CONTAINMENT DEVICE INSTALLATION**

ALL DOUBLE CHECK VALVE (DCV) AND REDUCED PRESSURE ZONE (RPZ) BACKFLOW PREVENTER ASSEMBLIES ARE DESIGNED FOR IN-LINE SERVICE AND MUST BE INSTALLED TO PREVENT FREEZING, FLOODING AND MECHANICAL DAMAGE WITH ADEQUATE SPACE TO FACILITATE MAINTENANCE AND TESTING. IDEALLY, THE INSTALLATION SHOULD NOT REQUIRE PLATFORMS, LADDERS OR LIFTS FOR ACCESS. ADEQUATE CLEARANCES FROM FLOORS, CEILINGS AND WALLS MUST BE PROVIDED TO ACCESS THE TEST COCKS AND TO ALLOW THE REPAIR AND/OR REMOVAL OF THE RELIEF VALVE AND CHECK VALVES AS FOLLOWS:

30" MINIMUM CENTER LINE OFF SHUT OFF VALVE FROM FINISH FLOOR (DCV/RPZ)

60" MAXIMUM CENTER LINE OFF SHUT OFF VALVE FROM FINISH FLOOR (DCV/RPZ)

ANY INSTALLATION GREATER THAN 60" SHALL BE PROVIDED WITH A FIXED PLATFORM, A PORTABLE SCAFFOLD OR LIFT MEETING (OSHA) STANDARDS

(OSHA) OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

18" MINIMUM DISTANCE FROM RELIEF VALVE TO FINISH FLOOR (RPZ)

8" MINIMUM FROM BACK WALL OR ANY OBSTRUCTION INCLUDING TEST COCKS (DCV/RPZ)

30" MINIMUM OF THE FRONT SIDE OF THE DEVICE FROM ANY WALL OR OBSTRUCTION (DCV/RPZ)

12" MINIMUM ABOVE THE HIGHEST POINT OF THE DEVICE INCLUDING SHUT OFF VALVES (DCV/RPZ)

WHERE THE DISTANCE BETWEEN THE WATER METER AND THE DEVICE IS GREATER THAN 10'  
ALL EXPOSED PIPING SHOULD BE STENCILED "FEED LINE TO BACKFLOW PREVENTER DO NOT TAP"  
AT 5' INTERVALS. (DCV/RPZ)

FOR ( RPZ) DEVICES, DRAINAGE CAPACITY SHALL BE SIZED TO ACCOMMODATE BOTH INTERMITTENT DISCHARGE AND A **CATASTROPHIC** FAILURE OF THE RELIEF VALVE

PARALLEL INSTALLATIONS SHOULD BE CONSIDERED AT THOSE FACILITIES WHERE WATER SERVICE CANNOT BE INTERRUPTED.

MANIFOLD INSTALLATIONS MAY ALSO BE USED ON ANY WATER LINE LARGER THAN 10"

AN ABOVE GRADE INSTALLATION (OUTDOOR) MUST BE PROVIDED WITH AN ENCLOSURE THAT MUST PROVIDE HEAT, INSULATION AND GRAVITY DRAINAGE, AND REMOVABLE ACCESS PANELS FOR SERVICING & TESTING

IN THE EVENT OF ANY ISSUE WITH THE INSTALLATION, THE INSTALLING NEW YORK LICENSE PLUMBER SHOULD SEEK THE ADVICE FROM THE WATER SUPPLY COMPANY OF WHICH THE BACKFLOW CONTAINMENT DEVICE IS BEING INSTALLED.



**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.

# 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 <b>Riverhead Water District</b>	Account No. _____	County _____	Block _____	Lot _____
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Facility Name _____ Address _____ Street City Zip	Location of Device _____ _____
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Device Information	Manufacturer _____	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model _____	Size (in inches) _____	Serial Number _____
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	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 <table style="display:inline-table; border:none"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center">M</td> <td style="text-align:center">D</td> <td style="text-align:center">Y</td> </tr> </table>				M	D	Y
M	D	Y								
	Pressure drop across first check valve _____ psid									

Describe repairs and materials used	Repaired by Name _____ Lic # _____ Date repaired: _____
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Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date _____
	Pressure drop across first check valve _____ psid			

Water Meter Number _____	Meter Reading _____	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____
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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 owners- (or owners- agent) certification that test was performed:  
 \_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_  
 Print Name Title Signature Telephone

**\*\* For Suffolk County Only:** Master Plumber Name: \_\_\_\_\_ Jurisdiction: Suffolk Co Consumer Affairs  
 Master Plumbers Lic # \_\_\_\_\_ MP Consumer Affairs BF #: \_\_\_\_\_ BF Tester's Consumer Affairs BF #: \_\_\_\_\_

**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 ( ) _____-_____		
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. DOH-1031 (9/91) RWD  
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.