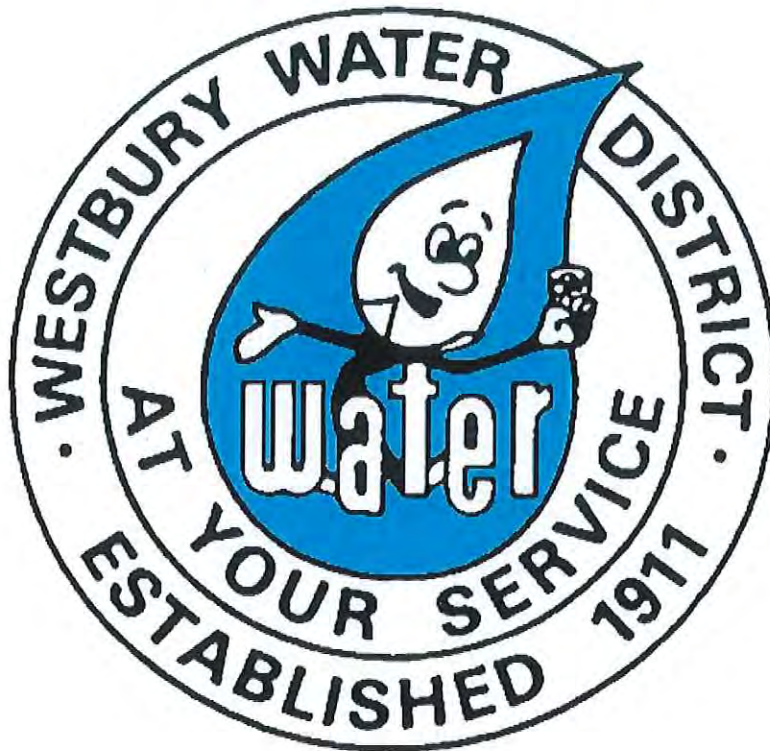


# Westbury Water District

160 Drexel Avenue  
Westbury, NY 11590

Phone No. (516) 333-0427

Fax No. (516) 333-0923



## New Underground Lawn Sprinkler System Application

Rules and Regulations

\*\*\*\*\*

Certificate of Compliance

# **Westbury Water District**

## **Rules and Regulations for Underground Irrigation Systems**

*Any property owner wanting to install an underground lawn sprinkler must comply with the following requirements:*

1. All new irrigation systems must be automatically timed.
2. All new irrigation systems must be equipped with a smart controller that does not rely on rain sensors but relies on internet based weather forecasting.
3. Prior to installation, a N.Y.S.D.H. application (DOH-347) shall be presented for approval by the District. After installation, the owner will be required to furnish a copy of the N.Y.S.H.D. form (DOH-1013) showing the device has been tested. This copy must be submitted to the Water District Office within ten (10) days after the date of installation. It is required that the device be tested annually.
4. 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 minutes.
5. 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 or areas that do not require irrigation.
6. Timer devices shall be programmed to automatically operate and permit flow only during the days and hours permitted under the District's Water Conservation Program. The automatic ON-OFF time-controlled irrigation system is to remain OFF during the period between the permissible irrigation days and times.
7. A separate feed line with an approved A.W.W.A. locking ball valve with padlock wings, padlock holes and minimum 7/16" diameter will be installed on the main feed line to the irrigation system. District personnel shall have access at all times to the irrigation shut-off valve for the purpose of: inspecting the system operation; to shut down the irrigation system in an emergency; when irrigation is taking place during non irrigation periods; when excessive water has been used at the premises and when a required annual test form is not submitted to the District Office.
8. A Backflow Prevention Device must be installed either on the incoming service line where it first enters the building or in the water meter pit. The Backflow Prevention Device shall be manufactured by Febco, Watts or approved equal as listed in the most current issue of the Technical Reference, Item PWS 14 entitled, "Approved Backflow Prevention Assemblies" published by the N.Y. State Health Department Center of Environmental Health. The device is to be installed in a safe and accessible location for inspection and testing.
9. The completed installation of the lawn sprinkler system, backflow device, locking ball valve and smart controller must be inspected by the Westbury Water District for final approval.

# Westbury Water District

## New Underground Lawn Sprinkler System

The completed application must be submitted by the property owner or sprinkler company to the Westbury Water District for approval of the new irrigation system.

### **Information required to accompany application:**

1. Original N.Y.S.D.H. Application (DOH-347) for backflow device installation, signed by owner.
2. One (1) copy of a survey drawing of the premises showing the following:
  - a. Zones on plan (outline on lines below).
  - b. Location of meter pits, taps to main and/or house plumbing system.
  - c. Location of backflow device and locking ball valve.

### **Backflow Prevention Assembly Requirements:**

The Sprinkler Company or plumber must install the backflow prevention assembly on the water service to the premises in accordance with the Westbury Water District's standard requirements listed in the rules and regulations.

The backflow device must be tested upon initial installation and the test form submitted to the Water District office within ten (10) days.

In addition, it is required by the Health Department that all backflow devices be tested annually and a copy of the test form must be submitted to the Westbury Water District. The District office will send you a letter annually indicating that your device is due for this inspection. You will have 30 (thirty) days to have this test completed and submitted.

**NOTE: No work is to be performed on either the installation of the irrigation system or the backflow prevention assembly until the application for the irrigation system and the Health Department application form have been received and approved, in writing, by the Westbury Water District.**

## Owner's Certificate of Compliance

Account No. \_\_\_\_\_

Property location: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Phone No: \_\_\_\_\_

\_\_\_\_\_  
Plumber / Sprinkler Contractor

\_\_\_\_\_  
Address of Plumber / Sprinkler Co.

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Fax No.

As the owner of the above referenced location, I agree to comply with all rules and regulations of the Westbury Water District pertaining to the installation of the new underground irrigation system as stated in this application.

\_\_\_\_\_  
Owner's Signature

## Application for Approval of Backflow Prevention Devices

<b>PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES</b> 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 style="margin-left: 100px;">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				
8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service				
8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations				
Full Mailing Address <small style="margin-left: 100px;">street</small>		Full Mailing Address <small style="margin-left: 100px;">street</small>		
<small>City</small>		<small>state</small>		<small>zip</small>
Owner's Signature		Date		<small>    /    /    </small> <small>    M    D    Y    </small>
9. Name of Design Engineer or Architect		10. NYS License #		
Address <small style="margin-left: 100px;">Street</small>		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other		
<small>City</small>		10a. Telephone Number(s)		
<small>State</small>		Date		
<small>Zip</small>		<small>    /    /    </small> <small>    M    D    Y    </small>		
Signature				
Original Ink signature and seal required on all copies				
11. Water System Pressure (psi) at Point of Connection		12. Estimate Installation Cost		12a. Estimate Design Cost
<small>Max</small> <small>Avg</small> <small>Min</small>				
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. (    )		<small>    /    /    </small> <small>    M    D    Y    </small>		

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.