

A. APPLICATION

Applications for approval of backflow prevention devices must be submitted to the Village of Springville at 30 Nason Boulevard, Springville NY 14141. Applications must be submitted for all new water services and must also address all existing water services. Four copies of the following must be submitted for approval. Also include a check in the amount of \$226.00 made out to the Erie County Department of Health. The Village of Springville Water Division will forward application to ECDOH for final approval.

1. Cover letter or letter of transmittal

2. Form DOH-347, Application for Approval of Backflow Prevention Devices

3. Engineer's Report for Approval of Backflow Prevention Devices

4. Site plan must be drawn to scale or with dimensions and show the following information:

- a. General location map
- b. North arrow
- c. Name and address of facility
- d. Property lines
- e. Buildings
- f. Size and location of public water mains
- g. Size and location of all proposed and existing water services
- h. All fire and domestic water services to include items to be installed by Springville Water Division
 1. Size of Corporation Stop, Tapping Sleeve or Saddle w/Valve
 2. Size of Service Line within R.O.W.
 3. Size of Curb Stop or Line Valve at R.O.W.
- i. Meter pits, tile sets, RPZ enclosures
- j. Fire Sprinkler System
 1. Show a riser detail (may be submitted as a separate sheet and must include: Name and address of the facility, design engineer's/architect's stamp and signature)
 2. State AWWA M-14 Classification Page 2 of 2, Rev.03/07/12
- k. Yard piping and hydrants
- l. Pumper connections(s)
- m. Interconnection(s)
- n. Lawn Irrigation Systems
- o. Proposed location of backflow preventer(s)
- p. If site is in 100 year flood plain, indicate elevation on drawing
- q. Designer's stamp and signature (Stamp must be by a NYS Licensed Engineer/Architect)

5. Plumbing floor plan must be information drawn to scale or with dimensions and show the following:

- a. Size and location of all proposed and existing water services
- b. Name and address of facility
- c. North arrow
- d. Water meter layout
- e. Proposed backflow preventer(s)
- f. Booster pump system(s)
- g. Floor drain(s)
- h. All nearby objects (electrical panels, boilers, chillers, storage tanks, fire pumps, fire sprinkler risers, etc.)
- i. Dimensions for walls and nearby objects
- j. All required clearance dimensions shown or noted
- k. With device manufacturer's name, model number and size of device shown or noted, in plain view or cross section
- l. Designer's stamp and signature

6. Elevation views must be drawn to scale or with dimensions and show the following information:

- a. Size and location of all proposed and existing water services
- b. Elevations from the floor, ceiling, outside grade and nearby objects
- c. All required clearance dimensions shown or noted
- d. Size and routing of floor drains
- e. Presence of heat and light shown or noted
- f. Direction of flow
- g. Designer's stamp and signature

B. APPROVAL – Allow one week for Village of Springville Water Division approval, and 4 to 6 weeks for ECDOH approval.

Remember to include a check made out to the "Erie County Department of Health" in the amount of \$226.00.