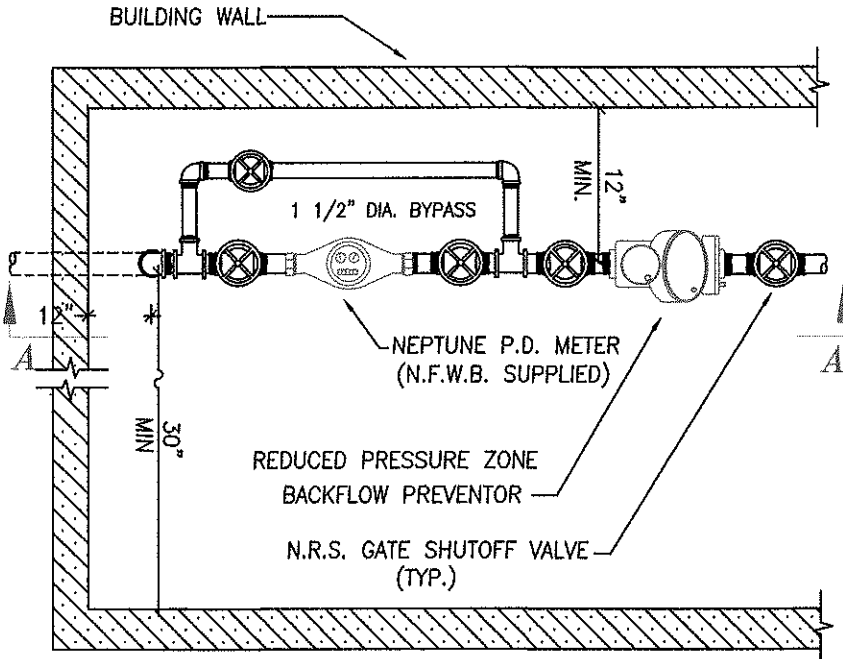
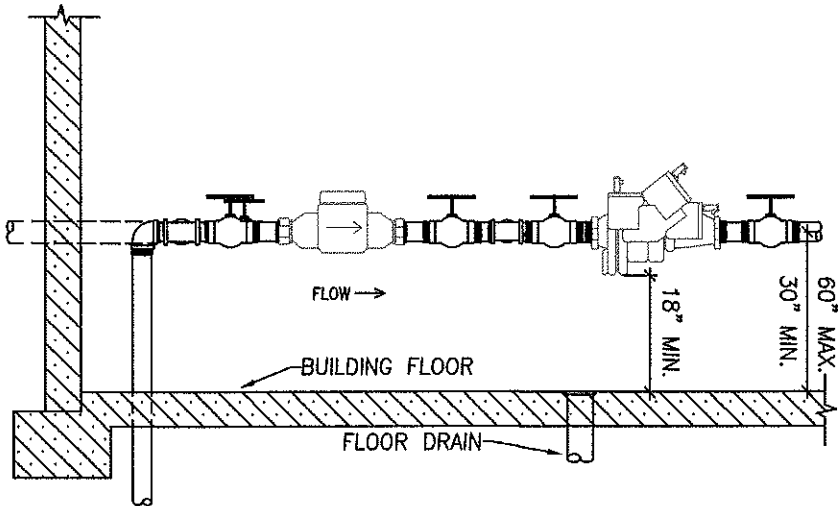


NOTES

1. All backflow prevention (BFP) devices must be approved by the New York State Department of Health (NYSDOH).
2. The BFP device shall be installed as shown on the approved plans in a heated, lighted area above the highest possible flood level. The installation must be in accordance with the requirements of the NYSDOH, Niagara Falls Water Facilities, and local plumbing codes. Deviations to the approved plans are not allowed without the permission of the Niagara Falls Water Board.
3. The BFP device will cause a decrease in water pressure. See manufacturer's flow curves for pressure losses.
4. An air gap or air gap fitting must be maintained at the relief port of reduced pressure zone (RPZ) devices.
5. Drainage capacity must be able to handle the maximum relief valve discharge of the RPZ device based upon manufacturer's relief valve discharge rate curves. Direct drain connections to sewers are prohibited.
6. Adequate support for the BFP device to be provided.
7. A thermal expansion tank should be installed on the cold water make-up lines to direct fired storage tanks. A working pressure relief valve must be maintained at all times.
8. The BFP device is to be tested by a NYSDOH certified tester at the time of installation and at least annually thereafter. Test results are to be submitted to the Niagara Falls Water Board.
9. Maintenance of the BFP device shall be the responsibility of the water customer.
10. It is unlawful to tamper with the meter or the BFP device, to install any outlet or connection ahead of these devices, to install an unprotected bypass around these devices, or to remove these devices from service without the approval of the Niagara Falls Water Board.



PLAN



SECTION "A-A"



"Unauthorized alteration or addition to these plans is a violation of Section 7209, Provision 2 of the New York State Education Law."



Michael C. O'Laughlin Municipal Water Plant
5815 Buffalo Avenue
Niagara Falls, New York 14304-3832

**NIAGARA FALLS WATER BOARD
WATER FACILITIES DEPARTMENT**

**TYPICAL METER SETTING
2" Dia.**

SCALE: None

DRAWN BY: DW. Bykes
DATE: 3/20/02

CHECKED BY: R. Kell P.E.
DATE: 3/19/02

APPROVED BY: NIAGARA COUNTY HEALTH DEPARTMENT

DATE: 3/19/02

SHEET NUMBER: 7 OF 7