



Niagara Falls Water Board

5815 Buffalo Ave
Niagara Falls, NY 14304

Backflow Prevention Submittal Requirements

- (4) Backflow Submittals – Related documents are available at <https://nfwb.org/services/compliance-inspections/>
- Application Form – NYSDOH-347
 - Engineering Report
 - Site Plan
 - NFWB Standard Detail Drawing
- (1) \$175.00 review fee to Niagara County Health Department
- (1) \$25.00 review fee to Niagara Falls Water Board

Send the above six (6) items to:

Doug Williamson
Niagara Falls Water Board
5815 Buffalo Avenue
Niagara Falls, NY 14304

Engineers Report & Application

For Approval

Of

Water Supply Protection

For

*<Type of building>
<Address>*

By

*<Company>
<Company Address>*

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1. Application Form (NYSDOH- 347) For Approval Of Backflow Prevention Devices.

2. Engineering Report.

3. Site Plan.

4. NFWD Standard Typical Detail Drawing.

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 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
Total # of Buildings						
7. Name of Owner			Title		Phone Number	
Full Mailing Address <small>Address</small>			8. Nature of works			
<small>street</small>			<input type="checkbox"/> Initial Device Installation			
<small>City</small>			<input type="checkbox"/> Replace Existing Device			
<small>state</small>			<input type="checkbox"/> New Service			
<small>zip</small>			<input type="checkbox"/> Existing Service			
Owner's Signature			Date		8b.	
			<small>M / D / Y</small>		<input type="checkbox"/> New Building	
					<input type="checkbox"/> Existing Building	
					<input type="checkbox"/> Major Renovations	
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	
					<small>M / D / Y</small>	
11. Water System Pressure (psi) at Point of Connection			12. Estimate Installation Cost		12a. Estimate Design Cost	
<small>Max Avg Min</small>						
13. Degree of Hazard						
<input type="checkbox"/> Hazardous						
<input type="checkbox"/> Aesthetically Objectionable						
List of processes or reasons that lead to degree of hazard checked:						

14. Public water supply name				Name of supplier's designate representative		
Mailing Address				Title		
_____				_____		
<small>street</small>				Signature		
_____				_____		
<small>City state zip</small>				<small>M / D / Y</small>		
Telephone No. ()						

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.

ENGINEERING REPORT AND SPECIFICATIONS
FOR
<Type of building>
<Name of building (if applicable)>
<Address>

1.0 INTRODUCTION

1.1 <Company> for <Customer>, Proposes to install (2) Two 1-1/2" Reduced Pressure Device Assemblies, as shown on the NFWB Typical Water Service Drawing.

1.2 The devices will be installed in Unit A (Apt. B) and Unit B (Apt. C) in the buildings basement apartments, below grade.

1.3 The device will be located in a heated area as to protect against freezing.

2.0 SPECIFICATIONS

2.1 (2) Two 1-1/2" Conbraco, Models #40 20TT2, Reduced Pressure Zone Device Assemblies, Serial no. ZT375 and Serial No. ZT227.

2.2 A 30" minimum clearance will be maintained, side with test fittings, between building wall and device 30" from floor to facilitate maintenance, inspection and annual testing.

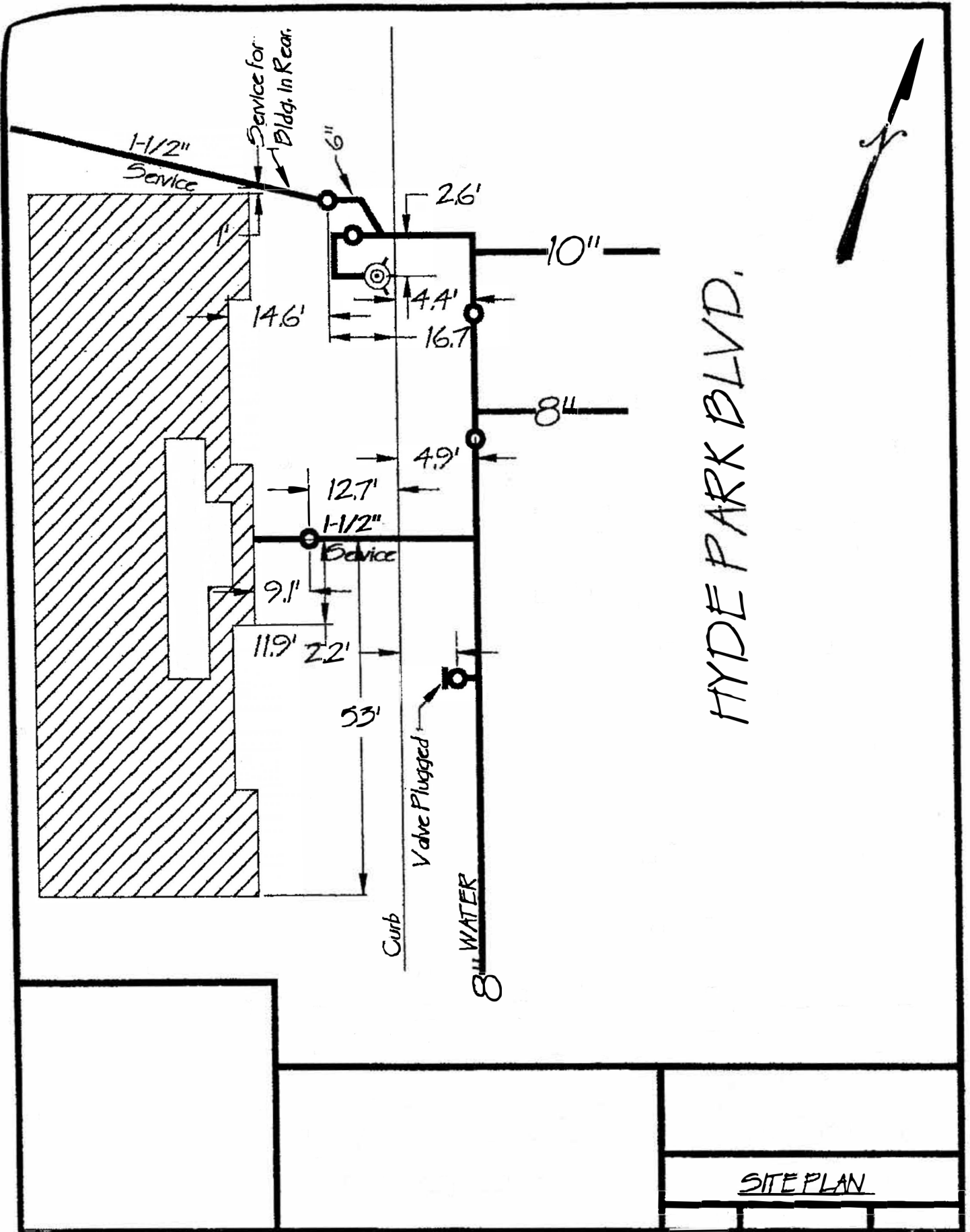
2.3 4" Floor Drains, at each location will handle any potential discharge from the relief devices.

3.0 SCHEDULE

3.1 The modification of this installation will be completed pending approval from the Niagara Falls Water Board, Water Facilities Department and the Niagara County Health Department.

Submittals prepared by <Company>

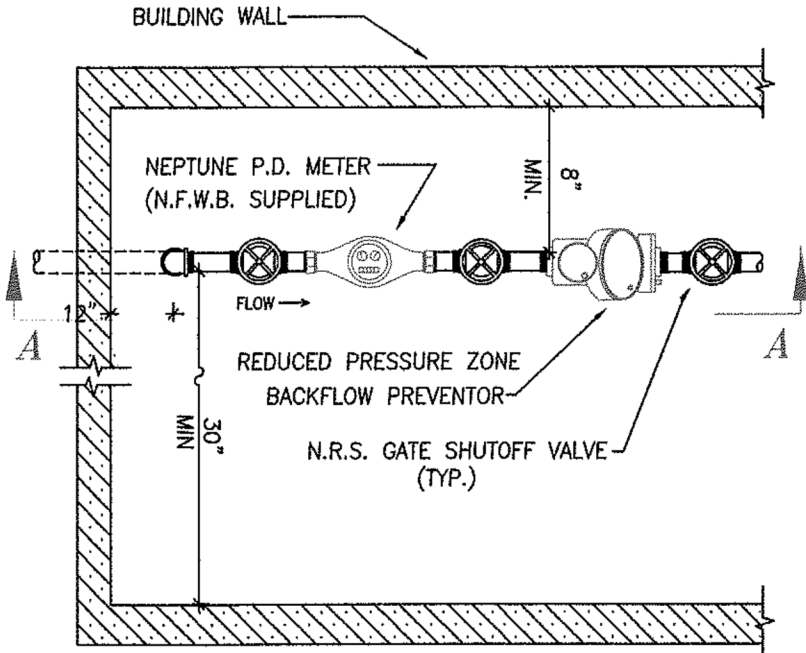
December 22, 2006



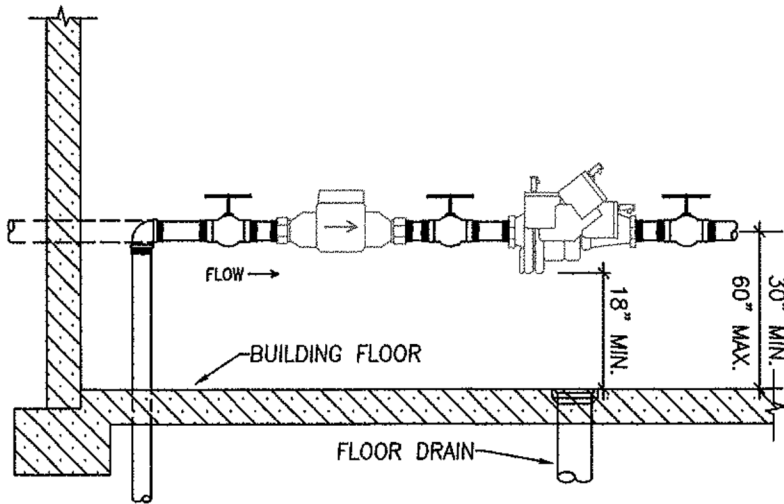
HYDE PARK BLVD.

SITE PLAN

NOTES



PLAN



SECTION "A-A"

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.



"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
1.5" Dia. and Smaller

SCALE: None	DRAWN BY: DW. Syles DATE: 3/22/02	CHECKED BY: R. RollPE. DATE: 5/05/02
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APPROVED BY: NIAGARA COUNTY HEALTH DEPARTMENT	DATE: 5/09/02
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SHEET NUMBER: 7 OF 7