



NOTIFICATION TO WATER DISTRICT:

THE PLUMBER SHALL NOTIFY THE SUPERINTENDENT OF THE SOUTH FARMINGDALE WATER DISTRICT AT (516) 249-3330 A MINIMUM OF 24 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK.

NOTES:

1. ALL CONNECTIONS ON THE DOMESTIC WATER SERVICE SHALL BE DOWNSTREAM FROM THE REDUCED PRESSURE ZONE DEVICE ASSEMBLY. BYPASSING OF A BACKFLOW PREVENTION DEVICE IS A VIOLATION OF NEW YORK STATE HEALTH DEPARTMENT RULES AND REGULATIONS.
2. ALL INSTALLATIONS SHALL BE IN ACCORDANCE WITH ALL APPLICABLE NASSAU COUNTY AND NEW YORK STATE HEALTH DEPARTMENT REQUIREMENTS.
3. IT IS THE OWNER'S RESPONSIBILITY TO TEST ALL BACKFLOW PREVENTION DEVICES AT LEAST ANNUALLY WITH RESULTS REPORTED TO THE SOUTH FARMINGDALE WATER DISTRICT AND NASSAU COUNTY HEALTH DEPARTMENT ON NEW YORK STATE FORM GEN 215.
4. DCV ASSEMBLY MUST NOT BE SUBJECTED TO FLOODING OR FREEZING.
5. WATER METERS, SETTERS AND DCV ASSEMBLY MUST BE PURCHASED FROM THE DISTRICT.
6. SOUTH FARMINGDALE WATER DISTRICT HAS STANDARIZED ON FEBCO 805Y.
7. THE PLUMBER SHALL BE LICENSED BY THE TOWN OF OYSTER BAY AND SHALL BE APPROVED BY THE SOUTH FARMINGDALE WATER DISTRICT.
8. CAUTION: A WORKABLE PRESSURE RELIEF VALVE MUST BE MAINTAINED AT ALL TIMES ON THE HOT WATER HEATING SYSTEM ON THIS INSTALLATION.

**SOUTH FARMINGDALE
WATER DISTRICT**

**3/4" DOUBLE CHECK VALVE
ASSEMBLY WITH METER INSIDE**

STANDARD DETAIL
BASEMENT INSTALLATION
(EXISTING SERVICE)

APPROVED BY THE BOARD OF COMMISSIONERS

APPROVED BY: _____ DATE: _____