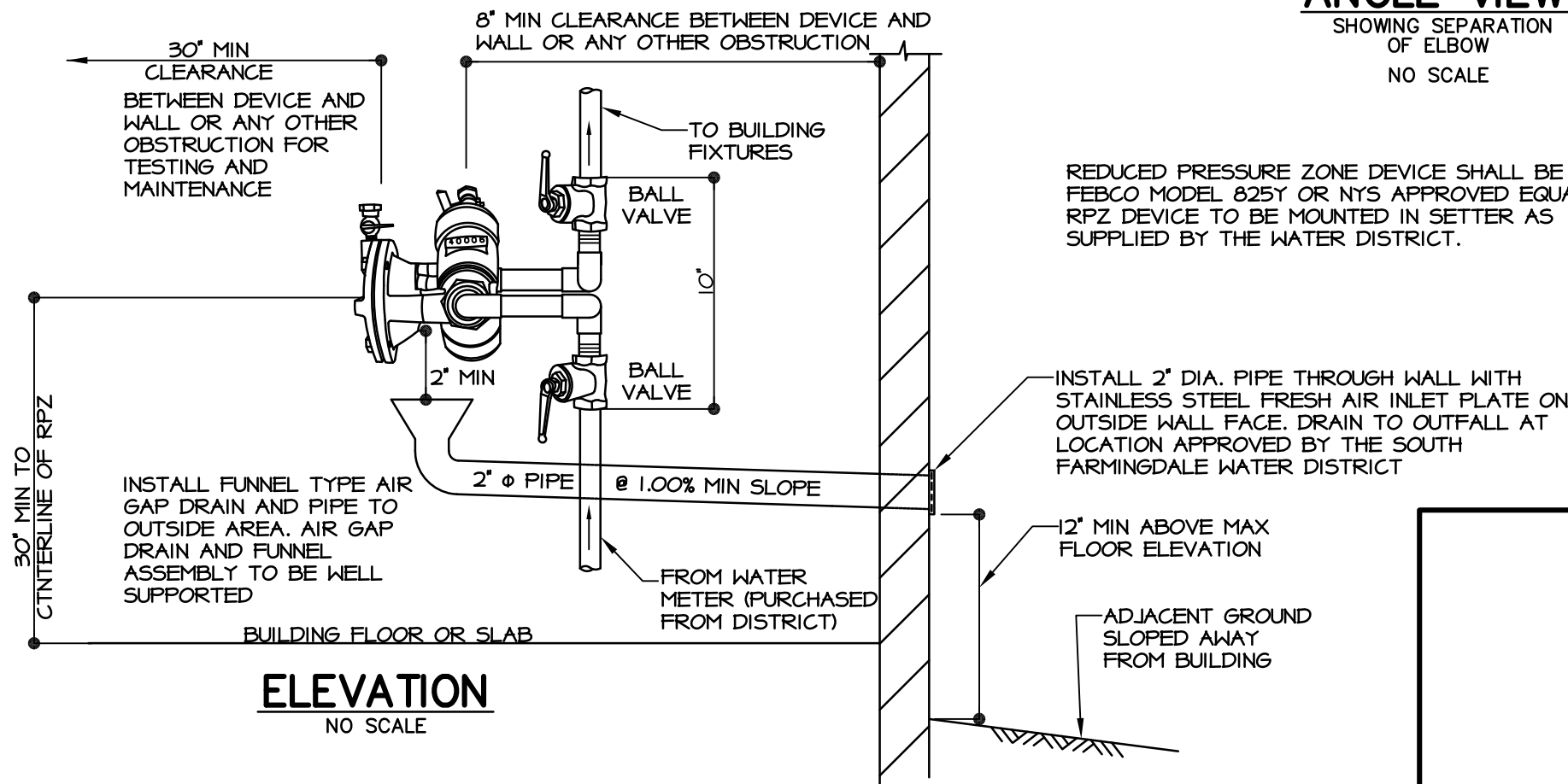


ANGLE VIEW
SHOWING SEPARATION OF ELBOW
NO SCALE

NOTE:
REDUCED PRESSURE ZONE DEVICE, WATER METER & SETTER (INCL. BALL VALVES) ARE TO BE PURCHASED FROM THE WATER DISTRICT.

PLAN
NO SCALE



ELEVATION
NO SCALE

REDUCED PRESSURE ZONE DEVICE SHALL BE FEBCO MODEL 825Y OR NYS APPROVED EQUAL. RPZ DEVICE TO BE MOUNTED IN SETTER AS SUPPLIED BY THE WATER DISTRICT.

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 DOUBLE CHECK VALVE 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. WATER METER, SETTER AND RPZ DEVIEC MUST BE PURCHASED FROM THE DISTRICT.
5. DVC DEVICE MUST NOT BE SUBJECTED TO FLOODING OR FREEZING.
6. SOUTH FARMINGDALE WATER DISTRICT HAS STANDARDIZED ON FEBCO 825Y.
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.

SPECIAL NOTE:

IT IS SOLELY THE RESPONSIBILITY OF THE PROPERTY OWNER TO INSURE AGAINST THE POTENTIAL FREEZING OF ANY RPZ DISCHARGE. THE PROPERTY OWNER SHALL HOLD HARMLESS. THE SOUTH FARMINGDALE WATER DISTRICT FROM ANY CLAIMS ARISING DUE TO DAMAGE OR INJURIES CAUSED BY ANY RPZ DISCHARGE.

APPROVED BY: _____

BUREAU OF PUBLIC WATER SUPPLY
NASSAU COUNTY DEPARTMENT OF HEALTH

DATE: 08/16/1984

PLAN NO. 240 - 84CC

**SOUTH FARMINGDALE
WATER DISTRICT**

**3/4" REDUCED PRESSURE
ZONE DEVICE**

STANDARD DETAIL

ABOVE GRADE INSIDE INSTALLATION

(FOR EXISTING SERVICE)

APPROVED BY THE BOARD OF COMMISSIONERS

APPROVED BY: _____ DATE: _____