



# NYC Department of Environmental Protection Bureau of Water & Sewer Operations

## Division of Permitting & Connections

### Double Check Valve Device Installation Plan Self Certification Application Cross Connection Control Program *- Domestic Service Only -*

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Please fill out the form completely.

**A. PROJECT DATA:**

	Block #:	Lot #:	Borough:	
Name of Facility:	Type of Facility:			
Address of Facility:		City:	State:	Zip:
Number of Domestic Service(s):	Water System Pressure (psi) at Curb Elevation: _____ Min.      _____ Avg.      _____ Max.			
Device Information: Manufacturer: _____ Model Number: _____ Size: _____				

**B. SELF CERTIFICATION CHECK LIST:**

*(Please mark the appropriate box.)*

1. Do site plans for the entire facility clearly indicate all water service lines, property line(s), North arrow, water mains, streets, location of DCV, and distance of DCV from the property line shown and properly labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Are there line branch-offs before the DCV? If the answer is YES, is there another DCV on the branch-off or the by-pass?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. If the water meter is 1.5" or larger, is the DCV installed between the Meter and Test Tee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. If required, are the strainers NYC-DEP approved type and installed on the street side of the meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. If the domestic water service is larger than 2 inches, has a Meter Inlet Control Valve (MICV) been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Are the meter test tee and Meter Outlet Control Valve (MOCV) located near and within the same room as the water meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Is there an 8-inch minimum space clearance provided from the back side of the device to the <b>CLOSEST</b> wall or obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is there a 30-inch minimum space clearance provided from the front side of the device to the <b>FARTHEST</b> wall or obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Is there a 30-inch minimum and 60-inch maximum space clearance provided from the center line of the device to the finished floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If the device is installed more than 60 inches from the centerline to the floor, are fixed platforms (height above finished floor of platform to device should be 24"-66"), portable lifts, scaffolds or ladders meeting OSHA standards present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Is there a 12-inch minimum space clearance from the top of the device to the ceiling or any obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Is the test tee capped or plugged and sized according to the meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. If the distance between the water meter and the device is more than 10 feet, is all exposed piping stenciled "Feed Line to Backflow Preventer - DO NOT TAP" at 5-foot intervals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Are adequate heat and lighting provided for the testing and maintenance of DCV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Is there drainage present to accommodate testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Are the demand requirements of the service and head loss of the assembly taken into account in the hydraulic design of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

NOTE: Two copies of this application and attachments must be submitted to:  
New York City, Department of Environmental Protection,  
Bureau of Water and Sewer Operations Cross-Connection Control Unit,  
3rd Floor Low-Rise, 59-17 Junction Boulevard, Flushing, NY 11373

FOR OFFICIAL USE ONLY:
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**C. SITE PLAN & INSTALLATION DETAIL:**

**D. STATEMENTS AND SIGNATURES:**

*Complete the appropriate sections and sign below. All professionals must affix their seal.*

<b>DESIGN PROFESSIONAL</b>			
<u>IDENTIFICATION OF RESPONSIBILITIES</u>			
<p>I certify that the device(s) described in this application will prevent backflow from within the premises into the public water supply.</p> <p>I hereby state that the above information is correct and complete to the best of my knowledge and is in compliance with all applicable Administrative Code Provisions and all Department Rules, Regulations, and Directives, except where noted.</p> <p>Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both.</p>			
Name of Design Professional:		Phone Number:	P.E. or R.A. Original Seal:
Address:			
City:	State:	Zip Code:	
Signature:		Date:	
<b>OWNER</b>			
<p>I hereby state that I have authorized the above noted Design Professional to design the device(s) specified herein, and agree to indemnify to the fullest extent permitted by law, the City of New York, the New York City Water Board, and the New York City Municipal Water Finance Authority (hereinafter collectively called "the City") and their respective officers, representatives, agencies, contractors, servants, and employees from and against any and all claims, suits, actions, proceedings, and losses ("claims and losses") that may arise from the installation of these cross-connection control device(s).</p>			
Name of Owner:		Phone Number:	
Address		City	State                      Zip Code
Signature:		Date:	