



**DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER & SEWER OPERATIONS**

**SELF-CERTIFICATION APPLICATION – CROSS CONNECTION CONTROL PROGRAM
DOUBLE CHECK DETECTOR ASSEMBLIES (DCDA) INSTALLATION PLAN**

-- Fire Service Only --

A. PROJECT DATA:

Please fill out the form completely.

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

B. SELF-CERTIFICATION CHECKLIST:

(Please mark the appropriate box)

1. Do site plans for the entire facility clearly indicate all water service lines, property line(s), North-arrow, mains, streets, location of DCDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Are there multiple fire services on this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are there line takeoffs before the DCDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Will chemicals such as anti-freeze and rust-inhibitors be used in the fire line?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is the main shut-off valve an OS&Y valve or indicator valve approved by DOB located within 2 feet from building point of entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is there a strainer used on the fire line without the approval of the insurance underwriters and the authority having jurisdiction?	<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 CLOSEST 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 FARTHEST 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 centerline 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 above 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 highest point of the device to the ceiling or any obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Are adequate heat and lighting provided for the testing and maintenance of DCDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is there drainage present to accommodate testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. 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 form and attachments must be submitted to:
New York City Environmental Protection
Bureau of Water and Sewer Operations, Cross-Connection Control Unit
59-17 Junction Boulevard, 3rd Floor, Low Rise
Flushing, New York 11373*

FOR OFFICIAL USE ONLY:

C. SITE PLAN & INSTALLATION DETAIL:

D. STATEMENTS AND SIGNATURES:

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

Design Professional

IDENTIFICATION OF RESPONSIBILITIES

I certify that the device(s) described in this application will prevent backflow from within the premises into the public water supply.

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 Provision and all Department Rules, Regulations and Directives except where noted.

Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine, imprisonment or both.

Name of Design Professional	Phone Number	
_____ Address	_____ City State Zip Code	
_____ Signature	_____ Date	

Owner

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 loses (“claims and losses”) that may arise from the installation of these cross-connection device(s).

Name of Property Owner	Phone Number
_____ Address	_____ City State Zip Code
_____ Signature	_____ Date