

PEEKSKILL WATERDEPARTMENT



BACKFLOW CHECKLIST

Project Address: _____

Date _____

Your backflow application has been reviewed and returned for the deficiencies checked below:

- Check for \$150.00 made out to the "City of Peekskill Water Department."
- Check for \$180.00 made out to "Westchester County Board of Health."
- Form DOH 347 "Application for Approval of Backflow" (**5 copies**) with **original** seals and signatures.
- Plans and specifications (including plan and profile views) (**5 copies**) with **original** seals and signatures. Plans must be clearly labeled and dimensioned.
- Valves situated on both sides of backflow device properly labeled and sized.
- Strainer on feed side of all devices (with exception of fire devices).
- Drainage, air gap and discharge port size (RPZ'S) clearly noted on drawing.
- Plans stamped pursuant to Title VIII, Article 142, and Section 7209.2 of the NYS Education Law.
- Engineer's report (**5 copies**) with **original** seals and signatures.
- Sizing calculations for discharge piping and receptacles.
- Manufacturer's specifications for device selected.
- Site Plan showing building address, location, cross streets, water service and water main.
- Certificate of Resolution if owner is a corporation, or a letter of authorization for all others, clearly authorizing the design Engineer/Architect by name.
- Adequate provisions for heat and light noted on plans or in report.
- Additional Notes:**
 - Domestic water requires an RPZ backflow preventor.
 - Domestic water line will require pressure reducing valve to be located directly after water meter.
 - Pressure reducing valve and setting pressure must be shown on drawings.
 - New water meter with MTU must be installed.

David Rambo
Water and Sewer Superintendent
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