



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

**SELF-CERTIFICATION APPLICATION - CROSS CONNECTION CONTROL PROGRAM  
DOUBLE CHECK VALVE (DCV) INSTALLATION PLAN -**

-- Domestic 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 Domestic 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 DCV?	<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. Is the DCV installed between the Water 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. Has a Meter Inlet Control Valve (MICV) been installed for the domestic water service?	<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 above 60 inches from the center-line 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. Is the test tee capped 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 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, 3<sup>rd</sup> 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 professionals must affix their seal.*

Design Professional			
<b><u>IDENTIFICATION OF RESPONSIBILITIES</u></b>			
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		
_____	_____		

