



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

**SELF-CERTIFICATION – CROSS CONNECTION CONTROL PROGRAM
DEVICE INSTALLATION EXEMPTION APPLICATION**

-- For One Domestic Service Only ---

Borough: _____ Block: _____ Lot: _____

SE _____

Address: _____

USE FOR

- Residential (Single)
- Residential (Multi-Family)
- Commercial
- Mixed Use
- Industrial
- Other _____

WATER SERVICE

- No. of Fire Services _____
- Size _____
- No. of Domestic Services _____
- Size _____

PREMISES

- Existing
- Renovated
- New

Based on a detailed and thorough inspection of the building

Review of the plans

The facility does NOT contain any of the following

- * Bidets
- * Car Wash
- * Greenhouses
- * Hotels/Motels
- * Nail Salon/Spa
- * Pharmacy
- * Funeral Parlors
- * Distilled Breweries
- * Dry Cleaning Equipment/
Commercial Laundry Facilities
- * Poultry Processing
- * Restaurant/Bakery
- * Roof Water Tanks
- * Swimming Pools
- * Veterinary Offices
- * Multiple water services
- * Embalming Equipment
- * Water Cooled Equipment
- * Medical Facilities (includes
psychology & psychiatric offices
that administer medication)

The facility will NOT contain any of the following

- * Chemically Treated Boilers
- * Wells (private/groundwater)
- * Sewage Treatment or Handling
- * In-ground Sprinklers or Irrigation
- * Water (Recycle or Storage Tanks)
- * Delicatessen/Food Preparation
- * Automotive Repair/Body Shop
- * Air Conditioning/Cooling Towers
- * Metal manufacture (cleaning,
processing or fabricating)
- * Beauty Salon and/or Barber Shop
- * Dedicated Fire Protection System
- * Warehouses (Toxic Chemical Storage)
- * Boilers/Booster Pumps/Pressure Tanks
- * Dental Facilities/Laboratory Facilities
- * Butchers (Includes Fish & Livestock)
- * Gas Stations and Mini Marts (Soda
Machines/Coffee)
- * Chemicals used in processing i.e.
Photo Laboratories

Design Professional				
<u>IDENTIFICATION OF RESPONSIBILITIES</u>				
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 Departmental Rules, Regulations and Directives except where noted.				
I certify that this building is non-hazardous and does not require backflow preventer(s) according to the latest DEP Supplement to the New York State Department of Health's Handbook for Cross Connection Control. Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine, imprisonment or both.				
It is unlawful to give to a city employee or for a city employee to accept any benefit, monetary or otherwise as a gratuity for properly performing their job or in exchange for consideration. Violation is punishable by fine, imprisonment or both.				
Name of Design Professional		Phone Number		
Address		City	State	
Signature		Zip Code		
		Date		
Owner				
I hereby state that I have authorized the above noted Design Professional to perform the work 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 exemption from using Cross Connection Control device(s) after the date of this certification.				
In the future, if the building use has been changed and will require backflow prevention device(s), in compliance with State & City rules, I will insure submittal of a new application that reflects the new use.				
Name of Property Owner		Phone Number		
Address		City	State	Zip Code
Signature		Date		