

MANHASSET-LAKEVILLE WATER DISTRICT

BOARD OF WATER COMMISSIONERS

•
MARK S. SAUVIGNE
CHAIRMAN

BRIAN J. MORRIS
TREASURER

STEVEN L. FLYNN
SECRETARY



170 EAST SHORE ROAD
GREAT NECK, NY 11023
516-466-4416
FAX 516-466-2748

PAUL J. SCHRADER, P.E.
SUPERINTENDENT

HILARY GROSSMAN, CPA
BUSINESS MANAGER

NEW COMMERCIAL WATER SERVICES

GUIDELINES

1. Submit a completed application and \$500 application fee for new water service.
2. Submit \$5,000 check made payable to H2M Architects & Engineers for engineering services including a detailed sketch, construction inspection, and as-built drawings.
3. Submit a completed application for approval of a backflow prevention device including the following:
 - a. Two copies of a site plan showing the proposed service location from the street into the building.
 - b. Five stamped plans showing sectional and plan views of the proposed device prepared by a licensed architect or engineer.
 - c. A check made payable to the Nassau County Department of Health for their review of the plans.
 - d. Five copies of completed form DOH-347 Application for Approval of Backflow Prevention Devices.
4. The owner will receive written approval and a detailed installation sketch from the District.
5. The owner must contract a District approved water main contractor to complete the cut-in and service installation.
6. The owner must purchase a meter from the District, which must be installed and inspected along with the backflow prevention assembly prior to the new service being activated.
7. The service must be pressure tested and disinfected prior to activation. The District will complete all bacteria tests.
8. The District must be notified of the installation date. The new service pipe must be inspected prior to backfilling the trench.
9. Failure to comply with any of the foregoing guidelines will result in the denial of service.

MANHASSET-LAKEVILLE WATER DISTRICT
COMMERCIAL APPLICATION FOR WATER SERVICE

OWNER OF PROPERTY

NAME: _____

ADDRESS: _____

PHONE: _____

APPLICANT (If not owner)

NAME: _____

ADDRESS: _____

PHONE: _____

PROPERTY TO BE SERVED

ADDRESS _____

SECTION _____ BLOCK _____ LOT _____

DESCRIPTION OF PROPOSED FACILITY (OFFICE, RETAIL, APARTMENT, ETC.)

REQUESTED SERVICE SIZE: _____ **DOMESTIC SUPPLY:** _____

DEDICATED FIRE LINE: _____

The following must accompany the application:

1. Two copies of a site plan showing all utilities including the proposed water service.
2. A check for \$5,000 made payable to the H2M Group for engineering fees.
3. An application fee of \$500 made payable to the Manhasset-Lakeville Water District.

I certify that I am the owner of the above premises and hereby apply for water supply. I understand and acknowledge the Rules and Regulations of the Manhasset-Lakeville Water District.

SIGNATURE: _____ **DATE:** _____

The Owner will furnish and install the new service from the main in the street into the new building as shown on the plans provided by the District engineer. All work shall be completed by a District approved water main contractor. In addition, the owner is responsible for preparing and submitting backflow prevention plans and all applicable fees. All backflow installations shall be in accordance with District Standards unless otherwise approved in writing.

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please completed items 1 through 12a + Block and Lot Numbers

Block #

Lot #

FOR DEPARTMENT USE ONLY
Log No.

1. Name of Facility		2. City, Village, Town		3. County	
4. Location of Facility Street		City	state	zip	
4a. Phone Numbers		5. Contact Person			
5. Approx. Location of Device(s)		6. Mfg. Model #		Size of Device(s)	
# of Fire Services	# of Domestic Services	# of Combined Services	Total # of Services		Total # of Buildings
7. Name of Owner		Title	Phone Number		8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing Address Address street			8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
City state zip			8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations		
Owner's Signature			Date M / D / Y		

9. Name of Design Engineer or Architect		10. NYS License #	
Address Street City State Zip		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
Signature		10a. Telephone Number(s)	
Original Ink signature and seal required on all copies		Date M / D / Y	
11. Water System Pressure (psi) at Point of Connection Max Avg Min		12. Estimate Installation Cost	
13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		12a. Estimate Design Cost	
List of processes or reasons that lead to degree of hazard checked:			
14. Public water supply name		Name of supplier's designate representative	
Mailing Address street City state zip		Title	
Telephone No. ()		Signature M / D / Y	

Note: All applicants must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.

Tattoo Facilities and Artists Registration

Type	Fee
Tattoo Parlor/Facility (see Note 1)	\$150.00
Tattoo Artist (see Note 2)	\$200.00

Note 1. This is a non-refundable fee.

Note 2. This is for a three-year non-refundable certificate.

Temporary Residences

Number of Rooms	Fee
10 – 20 (see Note)	\$315.00
21 – 40 (see Note)	\$440.00
41 – 60 (see Note)	\$565.00
61 – 80 (see Note)	\$875.00
81 – 100 (see Note)	\$1,000.00
101 – 175 (see Note)	\$1,200.00
176 – 250 (see Note)	\$1,450.00
>250 (see Note)	\$2,300.00
Late fee	\$200.00

Note: This fee includes a non-refundable application fee of \$150.00.

Water Supply

Cross Connection Control Plans

Type	Fee
Double Check Valve (Residential)	\$140.00
Double Check Valve (Non-residential)	\$275.00
Reduced Pressure Zone up to 2"	\$275.00
Reduced Pressure Zone greater than 2")	\$485.00
Expedited Review of Cross Connection Control Plans:	
Typical Plans	\$125.00
Custom Plans	\$250.00

NASSAU COUNTY MINIMUM PLAN NOTES AND COMMENTS

FOR BACKFLOW DEVICE INSTALLATION PLANS

Please complete the New York State DOH-347 Application for Approval of Backflow Prevention Devices and submit 4 copies of the application/plans with the water supplier's endorsement for approval.

I. Minimum notes required on plans

- _____ A. DCV/RPZ installation to meet all NCHD and NYSHD requirements.
- _____ B. Devices must not be subject to flooding or freezing.
- _____ C. Piping to be unbranched and unrestricted from main to device except for meter.
- _____ D. Devices must be tested at least annually by a NYSHD certified tester.
- _____ E. Drainage to be positive with effluent visible (RPZ only).

II. Dimensions Required (Provide actual dimensions on plans)

- _____ A. 30" minimum from centerline of device to floor (ALL).
- _____ B. 30" minimum from device to any obstructions (ALL).
- _____ C. 8" minimum from edge of device to wall (ALL).
- _____ D. 18" minimum from relief spout to floor (RPZ only).
- _____ E. Building dimensions (ALL).
- _____ F. Room or pit dimensions - as applicable (ALL).

III. Comments

- _____ A. **Device must be immediately after water meter.**
- _____ B. P.E. or R.A. seal on plans.
- _____ C. State make, model # and size of device on plans.
- _____ D. Identify premises on plans.
- _____ E. Show two views of device - plan and section.
- _____ F. Show accurate testcock location.
- _____ G. Show grade on all plans.
- _____ H. Drainage details for RPZ **must be shown**. How will water be disposed of?
- _____ I. Provide site plan (Street, water main, service line, location of meter and device. All service lines must be shown with sizes).
- _____ J. Leave adequate space for NCDH approval stamp.
- _____ K. All material to be submitted in quadruplicate.

IV.

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BUSINESS MANAGER

APPROVED WATER MAIN CONTRACTORS

Bancker Construction Corp.

218 Blydenburgh Road
Islandia, N.Y. 11722-0970
631 - 582 - 8880
631 - 582 - 3698 Fax

Merrick Utilities, Inc.

91 Marine Street
Farmingdale, N.Y. 11735
631 - 249 - 2560

Orchid Sewer

11 Dennis Street
Garden City, N.Y. 11530
516 747-1311

ALLESIO

631 423-0234
JEFF@ALESSIOPIPE.COM

MACCORONE PLUMBING & HEATING

10 SEA CLIFF AVE
GLEN COVE, N.Y. 11358
516 671-3232
516 674-1553

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PAUL J. SCHRADER, P.E.
SUPERINTENDENT

APPROVED PLUMBER'S

HILARY GROSSMAN, CPA
BUSINESS MANAGER

SAC PLUMBING CONTRACTOR

21 BROOKLYN AVE
MASSAPEQUA, N.Y. 11758
516 785-6581

MACCORONE PLUMBING & HEATING

10 SEA CLIFF AVE
GLEN COVE, N.Y. 11538
516 671-3232
516 674-1553

PORT PLUMBING

10-14 Secatoag Ave
Port Washington NY 11050
516 883-1996

Larry Graziose Plumbing & Heating Inc.

447 Forest Ave
Locust Valley, N.Y. 11560
516 671 - 7254
516 671 - 1567 Fax

G & F Plumbing & Heating Inc.

8 Burroughs Avenue
Dix Hills, N.Y. 11746
631 - 586 - 4410

Orchid Sewer

11 Dennis Street
Garden City, N.Y. 11530
516 747-1311

Ed Ferry Mechanical Corp

79 Watermill Ln, Great Neck, NY 11021
(516)498-9030

Rudco Plumbing & Heating

417 Railroad Avenue
Westbury, N.Y. 11590
(516) 333-1128 Office
(516) 333-1264 Fax

Terry Gallager Plumbing & Heating

50 Sprague Ave
Amityville, N.Y. 11701
631 789 - 9540
631 789 - 2288
631 789 - 1054 Fax

Thomas Curly Plumbing & Heating

67 Steamboat Road
Great Neck, N.Y. 11024
516 487 - 6816

Cow Bay Contracting

105 Harbor Road
Port Washington, N.Y. 11050
516 883 - 8484
516 883 - 9692 Fax

Ben Dinkin Inc. Plumbing & Heating

516 482 - 1554
516 354 - 2725
516 354 - 7235 Fax

Miller Plumbing & Heating Inc.

1324 Jericho Turnpike
New Hyde Park, N.Y. 11040
516 - 354 - 0818

Suffolk Water Connections Inc.

3370 - A Rt 112 Medford, N.Y. 11763
631 - 698 - 2750
631 696 - 8055 Fax