

New Business Department

UNITED WATER

360 West Nyack Road, West Nyack, NY 10994
Tel: 845.620.3334 Fax: 845.620.3347
www.UnitedWater.com



NEW BUSINESS DEPARTMENT

Phone: (845) 620-3334

Date: _____

PRELIMINARY NEW SERVICE APPLICATION FORM

APPLICANT INFORMATION: (We will correspond with applicant)

Applicant's Name: _____

Company: _____

Street: _____

Town/Zip: _____

Phone No.: _____

Cell No.: _____

Fax No.: _____

E-mail Address: _____

PLEASE CHECK BELOW IF AN ADDITIVE IS GOING TO BE USED IN THE FIRE SYSTEM

_____ YES _____ NO

FIRE & DOMESTIC SERVICES MUST BE INSTALLED SIMULTANEOUSLY.

(Please check appropriate item).

Fire Line – Backflow Preventer Required:

Required _____ Not Required _____

Size of Service Requested: New _____ Enlargement _____ Relocated _____

3/4" _____, 1" _____, 1-1/2" _____, 2" _____, 3" _____, 4" _____, 6" _____, 8" _____, 10" _____, 12" _____

FIRE SPRINKLERS CANNOT BE TAPPED OFF OF THE DOMESTIC SERVICE.

Domestic Service: (Multiple Service Lines Require 911 Postal Code

Address Confirmation – 845-364-8908)

Single Meter _____ Individual Meters _____ Quantity _____ Size _____

Required _____ Not Required _____ Existing - No Change _____

Size of Service Requested:

New _____ Enlargement _____ Relocated _____

3/4" _____, 1" _____, 1-1/2" _____, 2" _____, 3" _____, 4" _____, 6" _____, 8" _____, 10" _____, 12" _____

Job Premise Information:

Future Customer's Name: _____

Name of Building: _____

Street: _____

Town/Zip: _____

Phone No.: _____

- PLEASE INCLUDE TWO (2) COPIES OF A SITE, SURVEY OR PLOT PLAN TO SCALE OF THE SUBJECT PROPERTY SHOWING BLOCK AND LOT NUMBERS AND UTILITY ROOM LOCATION AS WELL AS THE LOCATION WHERE THE WATER LINES WILL BE COMING INTO THE PROPERTY FROM THE CURB IS A REQUIREMENT.

- PLEASE NOTE: WHERE THE DISTANCE FROM THE PROPERTY LINE TO THE FRONT WALL OF THE BUILDING IS GREATER THAN 75 FEET, THE COMPANY MAY REQUIRE THAT THE METER BE SET AT OR NEAR THE PROPERTY LINE, EITHER IN A METER PIT OR IN A HOT BOX TYPE STRUCTURE DEPENDING ON SIZE OF SERVICE – TO BE DETERMINED BY UNITED WATER.

DEPARTMENT OF HEALTH BACKFLOW PREVENTER APPLICATION PROCESS

When to Apply:

- Installing Fire service - any size in both commercial & residential properties
- Commercial Domestic Water service
- Irrigation system
- A residential home that has another source of water, i.e. private well

Requirements:

- Completed DOH Application – attached 6 original copies
- Six (6) original copies of backflow plans signed & sealed by engineer
- Engineer's report - 6 copies
- **\$105.00** check for the Plan Review Fee made out to **Rockland Commissioner of Finance,**
50 Sanatorium Rd, Bldg. D, Pomona, NY 10970.

PLEASE NOTE: Applicant must submit above listed documents to *United Water New Business Department* before applying for water service – this will help speed up the application process for both United Water and the Department of Health.

Please visit the Department of Health website below for further information regarding the backflow preventer device installation requirements and application process –

<http://www.health.state.ny.us/environmental/water/drinking/cross/cross.htm>

Any questions regarding this procedure, please call United Water @ 845-620-3334 or the Department of Health @ 845-364-2615.

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.
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1. Name of Facility		2. City, Village, Town		3. County	
4. Location of Facility <small>Street</small>		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
Full Mailing Address Address <small>street</small>		City		state	zip
Owner's Signature		Date		<input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device 8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service 8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
M		D		Y	

9. Name of Design Engineer or Architect		10. NYS License #	
<small>Street</small> Address _____ City _____ State _____ Zip _____		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
Signature _____ <small>Original ink signature and seal required on all copies</small>		10a. Telephone Number(s)	
		Date	
		M D Y	

11. Water System Pressure (psi) at Point of Connection	12. Estimate Installation Cost	12a. Estimate Design Cost
Max _____ Avg _____ Min _____		

13. Degree of Hazard	List of processes or reasons that lead to degree of hazard checked:
<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	_____

14. Public water supply name	Name of supplier's designate representative
Mailing Address	Title
_____ <small>street</small>	_____
_____ <small>City</small> _____ <small>state</small> _____ <small>zip</small>	Signature _____
Telephone No. ()	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.

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INSTRUCTIONS FOR SERVICE INSTALLATION:

PRIOR TO CALLING FOR WATER TAP, PLEASE HAVE THE FOLLOWING COMPLETED:

1. ALL NEW SERVICE APPLICATIONS COMPLETED AND HANDED IN TO NEW BUSINESS
2. WATER METER/S READY TO BE SET – ALL INDOOR PLUMBING COMPLETE
3. METER COUPLINGS/LOCK WINGS/FLANGES PURCHASED AND INSTALLED
4. COPPER WATER LINE IS OUT TO PROPERTY LINE - READY FOR TAP

AT THAT TIME, PLEASE CALL:

CATHY DURKIN / SYSTEMS OFFICE:

845-623-1500 X2226

A DISTRIBUTION INSPECTOR WILL BE SENT OUT TO CONFIRM COPPER TUBE IS OUT, MARK WATER LINES AND SET MEASUREMENT. AT THIS TIME, A ROAD OPENING PERMIT WILL BE REQUESTED AND THE JOB WILL BE SCHEDULED FOR COMPLETION. IF YOU DO NOT CALL UNITED WATER TO TELL US YOUR LINE IS OUT, YOUR JOB WILL NOT GO FORWARD.

THEN, YOU MUST CALL **CUSTOMER SERVICE** AT **845-623-1500 X3320** TO HAVE YOUR METER INSTALLED ONCE YOUR SERVICE LINE HAS BEEN CONNECTED BY THE CONSTRUCTION DEPARTMENT.

IF YOU CHANGE YOUR SERVICE SIZE AFTER SIGNING THE ORIGINAL SERVICE APPLICATION, YOU MUST CONTACT UNITED WATER AND SIGN A NEW SERVICE APPLICATION REFLECTING THIS CHANGE.

PLEASE NOTE: AS OF NOVEMBER 15TH, THE MUNICIPALITIES DO NOT ACCEPT ROAD OPENING PERMITS. BY APPLYING FOR YOUR SERVICE AS OF THIS DATE, UNITED WATER NEW YORK DOES NOT GUARANTEE INSTALLATION OF THE SERVICE IF A PERMIT CANNOT BE OBTAINED.

IF THIS IS AN EMERGENCY, YOU CAN APPLY WITH THE MUNICIPALITY. CUSTOMERS APPLYING FOR SERVICE MUST SUBMIT A "LETTER OF EMERGENCY" ACCOMPANYING ALL SERVICE APPLICATIONS TO UNITED WATER NEW YORK.

THANK YOU.

UNITED WATER NEW YORK