

**LOCAL LAW 4 OF 2026**  
**VILLAGE OF MENANDS**  
**LAWN IRRIGATION SYSTEM INSTALLATION SPECIFICATION**  
**(WITH BACKFLOW PREVENTION REQUIREMENTS)**

Chapter 106

**LOCAL LAW NO. 4 OF 2026**  
**LAWN IRRIGATION SYSTEM INSTALLATION SPECIFICATION**  
**(WITH BACKFLOW PREVENTION REQUIREMENTS)**

**Chapter 106**

**§106-1. GENERAL**

The Contractor shall furnish all labor, materials, equipment, and supervision necessary to install a complete and operational underground lawn irrigation (sprinkler) system.

All work shall comply with:

- New York State Plumbing Code
- Albany County / Town of Colonie water system requirements
- Village of Menands requirements
- Manufacturer specifications

**§106-2. SCOPE OF WORK**

Work shall include, but not be limited to:

- Connection to potable water supply
- Installation of RPZ backflow prevention assembly
- Irrigation piping, valves, and sprinkler heads
- Installation of system controller
- Testing and final adjustments

**§106-3. BACKFLOW PREVENTION**

**§106-3.1 Required Device**

The Contractor shall furnish and install:

**Reduced Pressure Zone (RPZ) Backflow Prevention Assembly – REQUIRED**

- No substitutions permitted unless approved in writing
- Device shall be ASSE 1013 certified

**§106-3.2 Installation Requirements**

- Installed above finished grade
- Minimum 12 inches above grade (or per manufacturer, whichever is greater)
- Installed downstream of the main shutoff valve
- Installed upstream of any irrigation system components
- Located in a readily accessible area for inspection and maintenance
- Protected from freezing, flooding, and damage

Relief port discharge shall:

- Terminate to grade
- Not creating a nuisance or hazard

**§106-3.3 Enclosure**

- Provide insulated enclosure suitable for winter conditions
- Enclosure shall allow full access for testing and maintenance
- Installed on stable base

**§106-3.4 Testing Requirements**

- RPZ shall be tested upon installation
- RPZ shall be tested annually thereafter

Testing shall be performed by a:

**NYS Certified Backflow Prevention Device Tester**

Contractor shall provide certified test report prior to final acceptance

### **§106-3.5 Coordination**

Contractor shall:

- Obtain all required permits
- Coordinate with local water authority
- Schedule all required inspections

### **§106-3.6 Prohibited Conditions**

- No system shall be connected without backflow protection
- No bypass piping permitted
- No below-grade installation of RPZ
- No unprotected connections to potable water supply

### **§106-4. MATERIALS**

#### **Piping**

- PVC Schedule 40 or approved polyethylene

#### **Valves**

- Electric solenoid valves installed in valve boxes

#### **Sprinkler Heads**

- Pop-up type with adjustable arc and radius
- Designed to minimize overspray

#### **Controller**

- Programmable multi-zone irrigation controller
- Outdoor rated where applicable

### **§106-5. INSTALLATION**

- Provide full and even coverage of all designated areas
- Avoid overspray onto pavement, structures, or roadways
- Restore all disturbed areas to original condition

### **§106-6. WINTERIZATION**

System shall include provisions for seasonal shutdown, including:

- Drainage and/or compressed air blow-out capability

### **§106-7. PERMITS & INSPECTIONS**

- Contractor responsible for all permits
- Work subject to inspection by the Authority Having Jurisdiction (AHJ)

### **§106-8. INSURANCE**

The Contractor shall procure and maintain, at their own expense, insurance coverage for the duration of the project as follows:

#### **§106-8.1 Commercial General Liability**

- Minimum \$1,000,000 per occurrence
- \$2,000,000 aggregate
- Coverage shall include:
  - Premises and operations
  - Products and completed operations
  - Contractual liability
  - Independent contractors

#### **§106-8.2 Automobile Liability**

- Minimum \$1,000,000 combined single limit
- Applies to all owned, non-owned, and hired vehicles

#### **§106-8.3 Workers' Compensation and Disability**

- Coverage in compliance with New York State law
- Provide proof of:
  - Workers' Compensation (Form C-105.2 or U-26.3)
  - Disability Benefits (Form DB-120.1)

#### **§106-8.4 Additional Insured**

The following shall be listed as **Additional Insured** on a primary and non-contributory basis:

Village of Menands

250 Broadway

Menands, NY 12204

**§106-8.5 Certificate of Insurance**

- Certificate must be provided prior to award of contract
- Must include a **30-day notice of cancellation**

**§106-9. WARRANTY**

- Minimum one (1) year warranty on all parts and labor

**§106-10. SUBMITTALS**

Contractor shall provide:

- Product data sheets
- As-built drawings
- Backflow certification and test reports

**§106-11. FINAL ACCEPTANCE**

- System shall be fully operational and leak-free
- All zones shall be demonstrated
- Backflow documentation must be submitted prior to approval

**§106-12. FEES**

The fees, fines and charges required or authorized by this chapter shall be as set forth in the Village Fee Schedule, as adopted from time to time by resolution of the Village Board. The Fee Schedule is incorporated herein by reference.

**§106-13. When effective**

This chapter shall become effective upon its filing in the Office of the Secretary of State.



## *VILLAGE OF MENANDS*

280 Broadway, Menands, NY 12204  
Telephone: (518)434-2922 Fax (518) 427-7303  
[www.mendsny.gov](http://www.mendsny.gov)  
[ldarmetko@menandsny.gov](mailto:ldarmetko@menandsny.gov)

### **LAWN SPRINKLER PERMIT APPLICATION**

Property Owner: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Installation Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Heads: \_\_\_\_\_

Location of Heads: (on a separate sheet of paper please indicate placement of heads)

Side Yard \_\_\_\_\_ Front Yard \_\_\_\_\_ Back Yard \_\_\_\_\_ Garden \_\_\_\_\_

Type of backflow preventer: \_\_\_\_\_

BY SIGNING, I UNDERSTAND THAT THE VILLAGE OF MENANDS IS NOT LIABLE FOR ANY  
DAMAGE TO LAWN SPRINKLER SYSTEMS OR SPRINKLER HEADS LOCATED IN THE  
VILLAGE RIGHT-OF-WAY.

Signature of Property Owner: \_\_\_\_\_ Tel. # \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_