NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Public Water Supply Protection

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES Please completed items 1 through 12a + Block and Lot Numbers				ock #	Lot #	FOR DEPARTMENT USE ONLY Log No.		
1. Name of Facility				2. City, Village, Town			3. County	
4. Location of Facility				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 Combine			ed Services	Total # o	of Services Total # of Buildings			
7. Name of Owner Title Phon			e Number		8. Nature of works Initial Device Installation Replace Existing Device			
Full Mailing Address street Address City state zip				zip		8a. New Service Existing Service		
Owner's Signature Date// M D Y					Y	- 8b. New Building Existing Building Major Renovations		
Name of Design Engineer or Architect						10. NYS License #		
Street Address City					PE RA Other			
				Zip	10a. Telephone Number(s)			
Signatu Original lnk signature and seal required on all copies				ire		Date//		
11. Water System Pressure (psi) at Point of Connection 12. Estir				timate Installat	ion Cost	12a. Estimate Design Cost		
Max Avg Min List of processes or reasons that lead to degree of hazard checked:								
Hazardous Aesthetically Obje	ectionable	_						
14. Public water supply name				Name of supplier's designate representative				
Mailing Address				Title				
City state zip 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.