NEW YORK STATE DEPARTMENT OF HEALTH

Application for Approval of Backflow Prevention Devices

Bureau of P	ublic Wate	r Supply	Protection

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES Please completed items 1 through 12a + Block and Lot Numbers	ВІ	ock #	Lot #		FOR DEPARTMENT USE ONLY Log No.	
Name of Facility	2. City, Village, Town			3. County		
Street		City		state		zip
4. Location of Facility						
4a. Phone Numbers	5. Contact Person					
Approx. Location of Device(s)		6. Mfg. Model # Size of Device(s)		Device(s)		
# of Fire Services # of Domestic Services # of Cor	mbine	d Services Total # of Services Total # of Buildings		Total # of Buildings		
7. Name of Owner Title F	hone	e Number			ure of wo	orks
			Initi Device Installation Reposition Device			
Full Mailing Address street				8a.		
City state zip				Existing Service		
				8b. New Building		
Owner's Signature Date// M D Y				Existing Building Major Renovations		
Name of Design Engineer or Architect				10. NYS License #		
Street Address				PE RA Other		
City	State			10a. Telephone Number(s)		
				10a. 16	ерпопе	vuiliber(s)
Signature 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	. Es	timate Installati	on Cost	12a. Est	timate De	esign Cost
	roces	sses or reasons	that lead	to degree	of haza	rd checked.
Hazardous						
Aesthetically Objectionable						
14. Public water supply name Mailing Address	Name of supplier's designate representative Title					
street						
state zip 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. DOH-347 (5/91)