

APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION DEVICES

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please complete items 0 through 13.

0. Block # 2. County: 3. Exact Location of Facility; i.e., Street Address: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: 1px solid black; vertical-align: top;">3a. City</td> <td style="width: 10%; border: 1px solid black; vertical-align: top;">3b. State</td> <td style="width: 20%; border: 1px solid black; vertical-align: top;">3c. Zip</td> <td style="width: 45%; border: 1px solid black; vertical-align: top;">4. Contact Person:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">New York</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				3a. City	3b. State	3c. Zip	4. Contact Person:		New York			0a. Lot # 0b. Tentative Lot # 4a. Phone Number(s): 6. Manufacturer, Model No. and Size of Device(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; vertical-align: top;">5a. # of Fire Services:</td> <td style="width: 20%; border: 1px solid black; vertical-align: top;">5b. # of Domestic Services:</td> <td style="width: 20%; border: 1px solid black; vertical-align: top;">5c. # of Combined Services:</td> <td style="width: 20%; border: 1px solid black; vertical-align: top;">5d. Total # of Services:</td> <td style="width: 20%; border: 1px solid black; vertical-align: top;">5e. Total # of Buildings:</td> </tr> </table>		5a. # of Fire Services:	5b. # of Domestic Services:	5c. # of Combined Services:	5d. Total # of Services:	5e. Total # of Buildings:
3a. City	3b. State	3c. Zip	4. Contact Person:															
	New York																	
5a. # of Fire Services:	5b. # of Domestic Services:	5c. # of Combined Services:	5d. Total # of Services:	5e. Total # of Buildings:														
7. Name, Title & Phone No. of Owner: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Full Mailing Address: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Owner's Signature: _____ Date: _____				8. Nature of Work: <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"/> New Extension <input type="checkbox"/> Major Renovation <input type="checkbox"/> Existing Building														
9. Print Name and Address of Design Engineer or Architect: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Original Ink Signature & Seal Required on both copies.				10. NYS License #: <div style="text-align: center;"> <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other </div> 10a. Telephone #: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> 10b. FAX #: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> 10c. Date: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>														
11. Water System Pressure (psi) at Point of Connection: <div style="text-align: center;"> Max _____ Avg _____ Min _____ </div>		12. Estimated Installation cost: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>																

13. Degree of Hazard: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous with Hazardous Fixtures <input type="checkbox"/> Aesthetically Objectionable		List of Processes or reasons which lead to degree of hazard checked: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
14. Public Water Supply Name: NEW YORK CITY Mailing Address: NYC - DEP Bureau of Water & Sewer Operation Cross-Connection Control Unit 3rd Floor Low-Rise 59-17 Junction Boulevard Flushing, NY 11373 Telephone No.: (718) 595-5463 Facsimile No.: (718) 595-5252		Name of Supplier's Designated Representative: <div style="text-align: center;">Daniel Chou</div> Title: Cross-Connection Control Unit The degree of hazard shown in (13) above is in conformity with the latest DEP Cross Connection Control Risk Assessment Signature:* _____ Date: _____ <div style="text-align: center;">* Your signature endorses proposal</div>		

NOTE: Two copies of this form and two copies of all plans, specifications and supporting materials must be submitted to:
 New York City, Department of Environmental Protection, Bureau of Water & Sewer Operations,
 Cross-Connection Control Unit, 3rd Floor Low-Rise, 59-17 Junction Boulevard, Flushing, NY 11373.