## Application for Approval of Backflow Prevention Devices

**NEW YORK STATE DEPARTMENT OF HEALTH**

**Bureau of Public Water Supply Protection**

**PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES**

<table>
<thead>
<tr>
<th>Block #</th>
<th>Lot #</th>
<th>FOR DEPARTMENT USE ONLY</th>
<th>Log No.</th>
</tr>
</thead>
</table>

1. Name of Facility
2. City, Village, Town
3. County
4. Location of Facility (Street) City state zip
4a. Phone Numbers
5. Contact Person
5. Approx. Location of Device(s)
6. Mfg. Model # Size of Device(s)

<table>
<thead>
<tr>
<th># of Fire Services</th>
<th># of Domestic Services</th>
<th># of Combined Services</th>
<th>Total # of Services</th>
<th>Total # of Buildings</th>
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</thead>
</table>

7. Name of Owner Title Phone Number
8. Nature of works
   - Initial Device Installation
   - Replace Existing Device
   - New Service
   - Existing Service
   - New Building
   - Existing Building
   - Major Renovations

8a.
8b.

9. Name of Design Engineer or Architect
   Street Address
   City State Zip

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<tr>
<th>Signature</th>
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</thead>
</table>

| Original Ink signature and seal required on all copies |

10. NYS License #

   - PE
   - RA
   - Other

10a. Telephone Number(s)

   Date M D Y

11. Water System Pressure (psi) at Point of Connection Max Avg Min

12. Estimate Installation Cost
12a. Estimate Design Cost

13. Degree of Hazard
   - Hazardous
   - Aesthetically Objectionable

   List of processes or reasons that lead to degree of hazard checked:

14. Public water supply name

   Mailing Address
   street
   City state zip

   Telephone No. ( )

   Name of supplier's designate representative

   Title

   Signature M D Y

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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)