


## Application for Approval of Backflow Prevention Devices

**PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES**  
Please completed items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.
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1. Name of Facility		2. City, Village, Town		3. County	
4. Location of Facility <small>Street</small>		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 Combined Services	
Total # of Services		Total # of Buildings			
7. Name of Owner		Title		Phone Number	
8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device					
Full Mailing Address Address <small>street</small>		8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service			
City		state	zip		
Owner's Signature		Date		8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
		M	D	Y	

9. Name of Design Engineer or Architect <b>Paul J. Granger, P.E.</b>		10. NYS License # <u>070162</u>	
 <p style="font-size: small;">Original ink signature and seal required on all copies</p>		Street Address <u>38 Sandy Hollow Road</u> City <u>Port Washington</u> State <u>NY</u> Zip <u>11050</u>	
		<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
		10a. Telephone Number(s) <u>516-767-0171</u> Date <u>3/31/16</u> M D Y	
Signature <u><i>Paul J. Granger</i></u>			
11. Water System Pressure (psi) at Point of Connection		12. Estimate Installation Cost	
Max	Avg	Min	12a. Estimate Design Cost
13. Degree of Hazard		List of processes or reasons that lead to degree of hazard checked:	
<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		_____ _____	
14. Public water supply name Mailing Address		Name of supplier's designate representative	
<u>Port Washington Water District</u> <u>38 Sandy Hollow Road</u> <small>street</small> <u>Port Washington</u> <u>NY</u> <u>11050</u> <small>City</small> <small>state</small> <small>zip</small>		Title <u>Paul J. Granger, P.E., Superintendent</u> Signature <u><i>Paul J. Granger</i></u> <u>3/31/16</u> M D Y	
Telephone No. (516) 767-0171			

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.