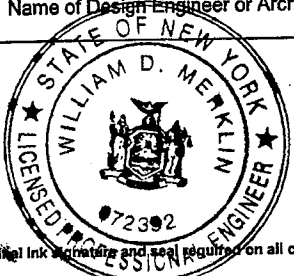


Application for Approval of Backflow Prevention Devices

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>		City		state	zip
Owner's Signature		Date		8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service	
		M / D / Y		8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	

9. Name of Design Engineer or Architect		10. NYS License # 072392	
 <p>Original Ink Signature and seal required on all copies</p>	Address <small>Street</small> <u>330 Crossways Park Dr.</u>		<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other
	City <u>Woodbury</u>		10a. Telephone Number(s)
	State <u>NY</u>	Zip <u>11797</u>	Date <u>10 / 9 / 19</u>
	Signature <u>[Signature]</u>		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 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	
Port Washington Water District		Title	
<u>38 Sandy Hollow Road</u>		<u>Italo j. Vacchio, Superintendent</u>	
<small>street</small> <u>Port Washington NY 11050</u> <small>City state zip</small>		Signature _____ 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.