


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.
1. Name of Facility			2. City, Village, Town		3. County	
4. Location of Facility <small>Street</small>			<small>City</small>	<small>state</small>	<small>zip</small>	
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
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 <small>Address</small>			8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service			
<small>City</small>			<small>state</small>		<small>zip</small>	
Owner's Signature			Date <u> </u> / <u> </u> / <u> </u> <small>M D Y</small>		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 style="font-size: x-small;">Original ink signature and seal required on all copies</p>	Address <u>330 Crossways Park Dr.</u> <small>Street</small>		<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>	
	Signature <u><i>William D. Merklin</i></u>		Date <u>10/9/19</u> <small>M D Y</small>	
11. Water System Pressure (psi) at Point of Connection <small>Max Avg Min</small>		12. Estimate Installation Cost		12a. Estimate Design Cost
13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		List of processes or reasons that lead to degree of hazard checked: _____		
14. Public water supply name Port Washington Water District		Name of supplier's designate representative		
Mailing Address 38 Sandy Hollow Road		Title Paul Prignano, Superintendent		
<small>street</small> Port Washington NY 11050		Signature <u><i>Paul Prignano</i></u> <small>M D Y</small>		
<small>City state zip</small> 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.