NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

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 (Street)	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
			☐ Initial Device Installation ☐ Replace Existing Device

Full Mailing Address
Address (street) _____

City _____ state _____ zip _____

Owner's Signature _____ Date ____/____/____ (M D Y)

8a.
☐ New Service
☐ Existing Service

8b.
☐ New Building
☐ Existing Building
☐ Major Renovations

9. Name of Design Engineer or Architect	10. NYS License #
NCDH approved typical plan is being used	☐ PE ☐ RA ☐ Other

Address (Street) _____

City _____

State _____ Zip _____

Signature _____

Original Ink signature and seal required on all copies

10a. Telephone Number(s) _____

Date ____/____/____ (M D Y)

11. Water System Pressure (psi) at Point of Connection	12. Estimate Installation Cost	12a. Estimate Design Cost
Max _____ Avg _____ Min _____		

13. Degree of Hazard

☐ Hazardous
☐ Aesthetically Objectionable

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

14. Public water supply name: Port Washington Water District

Mailing Address: 38 Sandy Hollow Road (street)

Port Washington (City) NY (state) 11050 (zip)

Telephone No. (516)767-0171

Name of supplier's designate representative

Title: Paul Prignano, Superintendent

Signature _____ ____/____/____ (M D Y)

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)