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			8a. ☐ New Service ☐ Existing Service
Owner's Signature	Date ____/____/____ M D Y		8b. ☐ New Building ☐ Existing Building ☐ Major Renovations

9. Name of Design Engineer or Architect	10. NYS License # _____
Address _____ Street City _____ State _____ Zip _____	☐ PE ☐ RA ☐ Other _____
_____ 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 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	Name of supplier's designate representative
Mailing Address _____ street _____ City state zip	Title _____
Telephone No. ( )	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)

Yorktown Consolidated Water District

1080 Spillway Road, Shrub Oak, NY 10588
Telephone: 914.245.6111
Fax: 914.245.8422

Name of Facility: _____

In order to facilitate communication please provide
E-mail addresses for the following people.

Facility Owner Name: _____

E-mail Address: _____

Design Engineer/Architect: _____

E-mail Address: _____

You can reach Ken or Grace at the following:

Ken Rundle, Assistant Water Superintendent at: krundle@yorktownny.org
or
Grace at: gtausz@yorktownny.org