

**NEW YORK STATE DEPARTMENT OF HEALTH
APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION DEVICES**

**FOR DEPARTMENT USE ONLY
LOG NO.:**

COMPLETE 1 THRU 12 ONLY

1. Name of Facility:	2. City, Village, Town:	3. County
4. Exact Location of Facility; i.e., Street Address:		
5. Approx. Location of Device:	6. Mfg., Size, Model No. of Device(s)	
7. Name & Title of Owner:		
Mailing Address:		Telephone Number
zip:		8. Nature of Works
Owner's Signature	Date:	<input type="checkbox"/> New <input type="checkbox"/> Revised
9. Design Engineer or Architect:		10. NYS License No.
Address:		Telephone No.
zip:		
11. Water system Pressure (psi) at Point of Connection		12. Estimate Install Cost:
Max	Avg.	Min.
13. Degree of Hazard: <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		
List Processes or reasons which lead to degree of hazard checked above:		
14. Public Water Supply Name: <u>Suffolk County Water Authority</u>		
Name & Title of Suppliers Designated Rep. _____		
Mailing Address: <u>Sunrise Hwy/Pond Road</u> <u>Oakdale, NY 11769</u>		Signature* _____ Telephone #: <u>563-0266</u>
* Your signature endorses proposal		

NOTE: All applications must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the Department of Health Services, who will forward it to the water supplier. This form must be prepared with 4 copies off all plans, specifications and supporting information.