

Application For Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES
Please complete items 1 through 12a + Block and Lot Numbers

1. Name of Facility	2. City, Village, Town	3. County
4. Location of Facility <small>street</small>	<small>city</small>	<small>state</small>
4a. Phone Numbers	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
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7. Name of Owner	Title	Phone Number	8. Nature of works
Full Mailing <small>street</small> Address			<input type="checkbox"/> Initial Device Installation
<small>city</small>	<small>state</small>	<small>zip</small>	8a. <input type="checkbox"/> New Service
Owner's Signature			<input type="checkbox"/> Existing Service
Date <small>m d y</small> ____/____/____			8b. <input type="checkbox"/> New Building
			<input type="checkbox"/> Existing Building
			<input type="checkbox"/> Major Renovation

9. Name of Design Engineer or Architect	10. NYS License #
Address <small>street</small>	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other
<small>city</small>	10a. Telephone Number(s)
<small>state</small>	Date ____/____/____
<small>zip</small>	<small>m d y</small>
signature	

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost
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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	Name of supplier's designated representative
Mailing address <small>street</small>	Title
<small>city</small>	<small>m d y</small>
<small>state</small>	Signature* _____
<small>zip</small>	Date ____/____/____
Telephone No. ()	* 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 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.

Appendix B

REVIEW OF PLANS FOR PROTECTIVE DEVICE (S)
ON PUBLIC WATER SUPPLY DISTRIBUTION SYSTEMS

CHECK SHEET

Name of Project _____

Location (St., Rd.) _____ C, T, V) _____

Supplier of Water _____

Received From _____ DATE _____

Reviewed By _____ DATE _____

Type of Device _____ RPBP _____ DCVA _____ BDCV

Name and Model of Device(s) _____

Number of Device (s) _____ Size of Device(s) _____

NYS Department of Health Approved Device? _____ Yes _____ No

ITEM

CHECK

REMARKS

1. Placement of Backflow Preventers:

- a. Is the New York State Department of Health "Containment Approach" satisfied? Have all connections to the public distribution system been similarly protected?
- b. Is the proposed installation of backflow preventer located at the property line, upstream of all taps including private hydrants?

2. Fire Services:

- a. Is the AWWA Manual M-14 fire service class indicated?
- b. Class 1 and 2 sprinkler system drains must discharge to atmosphere, dry wells or other safe outlets.
(Classes 3, 4 and 5 possibly 6 require backflow protection)

