NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Public Water Supply Protection

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL EN Please completed items 1		Block #	Lot#	FOR DEPARTMENT USE ONLY Log No.				
Name of Facility				2. City, Village, Town		9	3. County	
4. Location of Facility				City		state	zip	
4a. Phone Numbers				5. Contact Person				
Approx. Location of Device(s)				6. Mfg. Model #		Siz	Size of Device(s)	
VCC#: OCWA			_	4	8			
# of Fire Services	# of Dom	estic Services	# of Combin	ned Services	Total #	of Services	Total # of Buildings	
7. Name of Owner	. Name of Owner Title Phone			ne Number		8. Nature of works Initial Device Installation Replace Existing Device		
Full Mailing Address street Address							New Service Existing Service	
City state zip							New Building	
Owner's Signature Date// M D Y Existing Building Major Renovations							Existing Building	
Name of Design Engineer or Architect						10. NYS License #		
Address					□ PE □ RA □ Other			
	State				10a. Telephone Number(s)			
Original Ink signature and seal required on all copies				ure	Date/			
Section Control of the Control of th				timate Installation Cost 12a. Estimate Design Cost				
Max Avg Min List of processes or reasons that lead to degree of hazard checked:								
Hazardous Aesthetically Ob	jectionable		+					
14. Public water supply n Onondaga County Wa Mailing Address			Name of supplier's designate representative OCWA Engineering Department Title					
200 Northern Concourse, PO BOX 4949								
Syracuse City Telephone No. (315) 45	21-4949 zip	Signature						

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.