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 complete items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.

1. Name of Facility	2. Town HEMPSTEAD	3. County NASSAU
4. Location of Facility street	city	state / zip
4a. Phone Numbers	Contact Person	
5. Approx. Location of Device(s)	6. Mrg. 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 street			8a. New Service Existing Service
city	state	zip	8b. New Building Existing Building Major Renovation
Owner's Signature	Date m / d / y		

9. Name of Design Engineer or Architect	10. NYS License #
street Address	PE RA Other
city	10a. Telephone Number(s)
state / zip	
signature	Date m / d / y
Original ink signature and seal required on all copies.	

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	Name of supplier's designated representative
TOWN OF HEMPSTEAD	
Mailing address street 1995 PROSPECT AVENUE	* Title
city: EAST MEADOW / state: NY / zip: 11554	Signature _____ m / d / y
Telephone No. (516) 794-8300 8217	* Your signature endorses proposal Date

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.

DOH-347 (5/91)
White Copy- Permit Copy Pink Copy- Report Copy Yellow Copy- Health Dept.