

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

PRINT OR TYPE ALL ENTRIES UNLESS NOTED OTHERWISE

FOR DEPARTMENT USE ONLY
Log No. _____

1. Name of Facility:	2. City, Village, Town Old Westbury, NY	3. County: NASSAU
4. Exact Location of Facility; i.e., Street Address		5. Approx. Location of Device(s): Inside Meter Pit
6. Mfg. Model No. & Size of Device(s):		
7. Name & Title of Owner: _____ Account Number: _____		8. Nature of Works: <input type="checkbox"/> New <input type="checkbox"/> Revised
Mailing Address: _____ ZIP _____		
Owners Signature: _____ Date: _____		

9. Design Engr or Arch: _____ Old Westbury Water Dept. Specifications	10. NYS License No: _____
Address 1 Store Hill Road, Old Westbury, NY ZIP 11568	Telephone No: 516 626-0800
11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Est. Install. Cost: _____

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: _____ Inc. Village of Old Westbury	Name & Title of Suppliers Designated Representative: J.G. Pollard & Co./ Blackman Plumbing
Mailing Address: 1 Store Hill Road	Signature: * _____
Old Westbury, NY ZIP 11568	Telephone No: 516 626-0800
*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.

OLD WESTBURY WATER DEPARTMENT

