

# Application For Approval of Backflow Prevention Devices

**PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES**

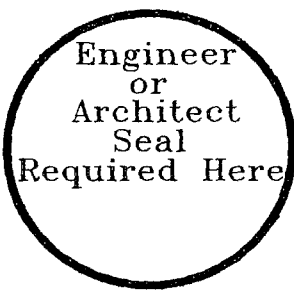
Please complete items 1 through 12a + Block and Lot Numbers

Block # N/A	Lot # N/A	<b>FOR DEPARTMENT USE ONLY</b> Log No.
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1. Name of Facility <b>ACME Manufacturing</b>	2. City, Village, Town <b>Amherst</b>	3. County <b>Erie</b>
4. Location of Facility street <b>123 Maple Road</b>	city <b>Amherst</b>	state <b>New York</b>
4a. Phone Numbers <b>123-4321</b>	Contact Person <b>John Smith</b>	
5. Approx. Location of Device(s) <b>In "Hot Box" approx. 10' North of South property line.</b>	6. Mfg. Model # <b>Watts 909-S</b>	Size of Device(s) <b>2"</b>

# of Fire Services <b>0</b>	# of Domestic Services <b>1</b>	# of Combined Services <b>0</b>	Total # of Services <b>1</b>	Total # of Buildings <b>1</b>
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7. Name of Owner <b>Thomas Smith</b>	Title <b>President</b>	Phone Number <b>(716) 123-4321</b>	8. Nature of works <input checked="" type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing street Address <b>321 Maple Road</b>			8a. <input checked="" type="checkbox"/> New Service <input type="checkbox"/> Existing Service
city <b>Amherst</b>	state <b>New York</b>	zip <b>14123</b>	8b. <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovation
Owner's Signature <i>Thomas Smith</i>		Date <b>12 / 12 / 99</b>	

9. Name of Design Engineer or Architect <b>Henry Jones</b>	10. NYS License # <b>1234-6</b>
	<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> OTHER
	10a. Telephone Number(s) <b>(716) 123-5432</b>
	Date <b>12 / 12 / 99</b>
	Address street <b>222 Rough Road</b> city <b>Buffalo</b> state <b>New York</b> zip <b>14123</b> signature <i>Henry Jones</i>

Original ink signature and seal required on all copies

11. Water System Pressure (psi) at Point of Connection Max <b>90</b> Avg <b>75</b> Min <b>50</b>	12. Estimate Installation Cost <b>\$ 1,500.00</b>	12a. Estimate Design Cost <b>\$500.00</b>
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13. Degree of Hazard <input checked="" type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	List of processes or reasons that lead to degree of hazard checked: <b>E.C.W.A. / COMMERCIAL</b>
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14. Public water supply name <b>ERIE COUNTY WATER AUTHORITY</b>	Name of supplier's designated representative <b>WESLEY C. DUST, P.E.</b>
Mailing address street <b>3030 UNION ROAD</b>	Title <b>EXECUTIVE ENGINEER</b>
city <b>CHEEKTOWAGA</b>	state <b>N. Y.</b>
zip <b>14227</b>	Signature* _____ Date _____
Telephone No. <b>(716) 684-1510</b>	<small>* Your Signature endorses proposal</small>

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.