

# Application For Approval of Backflow Prevention Devices

**PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES**

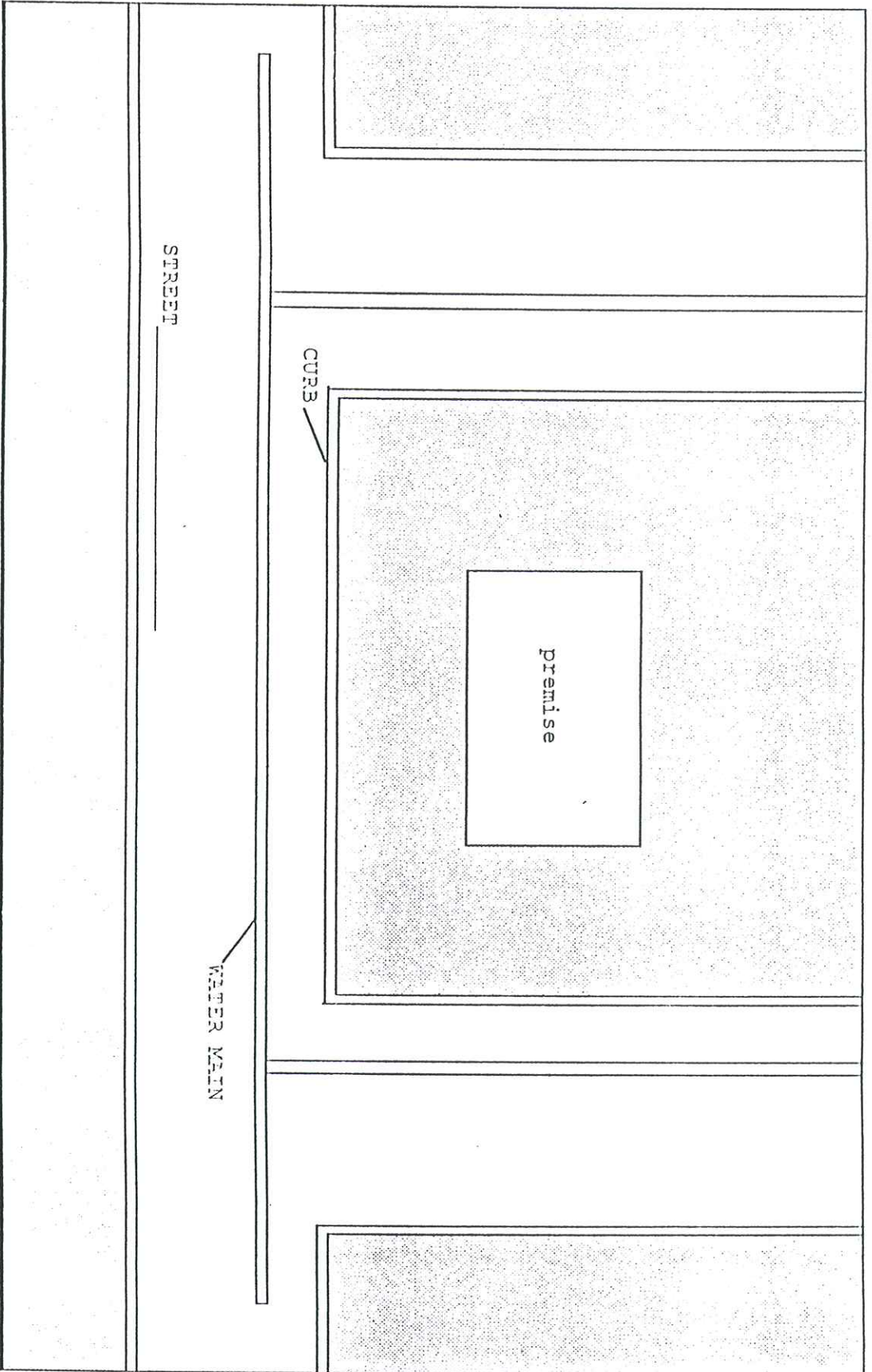
Please complete items 1 through 12a + Block and Lot Numbers

Block #		Lot #		FOR DEPARTMENT USE ONLY Log No.	
1. Name of Facility			2. City, Village, Town		3. County NASSAU
4. Location of Facility street			city	state	zip
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					
7. Name of Owner		Title		Phone Number	
8. Nature of works					
<input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device					
8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service					
8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovation					
Full Mailing street Address			city		
state			zip		
Owner's Signature			Date m / d / y		
9. Name of Design Engineer or Architect DENNIS KELLEHER P.E.				10. NYS License # 59891	
Address street				<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
city				10a. Telephone Number(s)	
state				zip	
				756-8000 EXT. 410	
signature				Date m / d / y	
Original ink signature and seal required on all copies.					
11. Water System Pressure (psi) at Point of Connection Max 72 Avg 70 Min 68			12. Estimate Installation Cost		12a. Estimate Design Cost
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 FRANKLIN SQUARE WATER DISTRICT			Name of supplier's designated representative <i>John J. Hegher</i>		
Mailing address P.O. BOX 177			Title SUPERINTENDENT		
street 895 SCHROETER AVENUE			Signature* _____ m d y		
city FRANKLIN SQUARE state NY zip 11010			Date _____		
Telephone No. ( 516 ) 354-0780			* 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.



FRANKLIN SQUARE WATER DISTRICT



PILOT PLAN FOR  
BACKFLOW PREVENTION DEVICE  
INSTALLATION

NAME: \_\_\_\_\_

ADDR: \_\_\_\_\_

PHONE: \_\_\_\_\_

INSTRUCTIONS:  
PLEASE DRAW IN SERVICE  
LINE, METER & DEVICE  
LOCATION