

APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION DEVICES

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please complete items 0 through 13.

		0. Block #	0a. Lot #	FOR DEPARTMENT USE ONLY	
1. Name of Facility:		2. County:	0b. Tentative Lot #		
3. Exact Location of Facility; i.e., Street Address:					
3a. City	3b. State New York	3c. Zip	4. Contact Person:		4a. Phone Number(s):
5. Location of Device(s): (Attach additional sheets if required)				6. Manufacturer, Model No. and Size of Device(s):	
5a. # of Fire Services:	5b. # of Domestic Services:	5c. # of Combined Services:	5d. Total # of Services:	5e. Total # of Buildings:	
7. Name, Title & Phone No. of Owner: Full Mailing Address: Owner's Signature: _____ Date: _____				8. Nature of Work:	
				[] Initial Device Installation	
				[] Replace Existing Device	
				8a. [] New Service [] Existing Service	
		8b. [] New Building [] New Extension [] Major Renovation [] Existing Building			
9. Print Name and Address of Design Engineer or Architect: _____ _____ _____ Original Ink Signature & Seal Required on both copies.				10. NYS License #:	
				[] PE [] RA [] Other	
				10a. Telephone #:	
				10b. FAX #:	
		10c. Date:			
11. Water System Pressure (psi) at Point of Connection: Max _____ Avg _____ Min _____			12. Estimated Installation cost:		
13. Degree of Hazard: List of Processes or reasons which lead to degree of hazard checked:					
[] Hazardous					
[] Non-Hazardous with Hazardous Fixtures					
[] Aesthetically Objectionable					
14. Public Water Supply Name: NEW YORK CITY			Name of Supplier's Designated Representative:		
Mailing Address:			Daniel Chou		
NYC - DEP			Title: Cross-Connection Control Unit		
Bureau of Water & Sewer Operation			The degree of hazard shown in (13) above is in conformity with the latest DEP		
Cross-Connection Control Unit			Cross Connection Control Risk Assessment		
3rd Floor Low-Rise					
59-17 Junction Boulevard					
Flushing, NY 11373					
Telephone No.: (718) 595-5463			Signature:* _____		Date: _____
Facsimile No.: (718) 595-5252			* Your signature endorses proposal		

NOTE: Two copies of this form and two copies of all plans, specifications and supporting materials must be submitted to:
New York City, Department of Environmental Protection, Bureau of Water & Sewer Operations
Cross-Connection Control Unit, 3rd Floor Low-Rise, 59-17 Junction Boulevard, Flushing, NY 11373

INSTRUCTION FOR FORM GEN 236 (NYC VERSION)

APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION DEVICES

- 0 to 4a) Fill in as appropriate. Be sure to include the block and lot numbers.
- 5) Be as specific as possible, e.g. “8’ N of Elm Street and 12’ South of Main Street”
- 5a,b,c) Fill in the number of services for the entire facility.
- 5d) This is the total of 5a,b, and c.
- 5e) Fill in the total number of buildings in the facility. All adjacent buildings under the same ownership, occupancy or operation are considered part of the facility. Distant buildings with the same water, heating or other shared, common or interconnected systems are considered part of the same facility. If you have doubts or uncertainties, feel free to elaborate at length on additional sheets.
- 6) Note Manufacturer, model & size of each device.
- 7) Indicate name, title & phone number of owner. Be sure to include the zip code and the **original ink signature on both copies.**
- 8,a,b) Check the appropriate spaces.
- 9) Print name of the design engineer or architect. (***Do not use the name of the firm in place of the P.E.’s or R.A.’s name***). Fill in the complete address. Include the firm name if you wish.
- Be sure to use original ink signatures and seals on both copies.**
- 10) Include NYS License number in blank. Check appropriate category.
- 10a,b) Be sure to enter all applicable phone/fax numbers.
- 10c) Enter date application is signed.
- 11) Make sure that water system pressure at point of connection is included.
- 12) Be sure to include these estimates. No blanks permitted. Use fair market value if you are working for free.
- 13) Choose one of the Degree of Hazard and list the reasons. If you decided to choose Double Check Valve Assembly (DCVA), you are required to give the proper reasons.
- 14) To be completed by Water Supplier.

If you need additional space, use the back or attach additional sheets. If so, please indicate “**Continued on back**” or “**See Additional Sheets**” as appropriate.