



**DEPARTMENT OF ENVIRONMENTAL PROTECTION - BUREAU OF WATER AND SEWER OPERATIONS
APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION ASSEMBLIES**

Valid for Two (2) Years from the Approval Date

ATTACH FEE TO FORM: \$350 PER WATER SERVICE CONNECTION (Check or Money Order made payable to NYC Water Board)

PRINT OR TYPE ALL EXCEPT SIGNATURES

Please complete items 0 through 13

1. Name of Facility: <input style="width:100%; height:20px;" type="text"/>			0. Block # <input style="width:40px; height:20px;" type="text"/>	0a. Lot # <input style="width:40px; height:20px;" type="text"/>	FOR DEPARTMENT USE ONLY <div style="border:1px solid black; height:100px;"></div>
3. Exact Location of Facility; i.e., Street Address: <input style="width:100%; height:20px;" type="text"/>			2. County: <input style="width:40px; height:20px;" type="text"/>	0b. Tent. Lot <input style="width:40px; height:20px;" type="text"/>	
3a. City <input style="width:40px; height:20px;" type="text"/>	3b. State <input style="width:20px; height:20px;" type="text"/>	3c. ZIP C. <input style="width:20px; height:20px;" type="text"/>	4. Facility Contact Person <input style="width:100%; height:20px;" type="text"/>		
5. Location of Assembly(s): (Attach additional sheets if required) <div style="border:1px solid black; height:40px;"></div>					6. Manufacturer, Model No., Size and Type of BFP Assembly(s): <div style="border:1px solid black; height:100px;"></div>
5a. # of Fire Services: <input style="width:40px; height:20px;" type="text"/>	5b. # of Domestic Services: <input style="width:40px; height:20px;" type="text"/>	5c. # of Combined Services: <input style="width:40px; height:20px;" type="text"/>	5d. Total # of Services: <input style="width:40px; height:20px;" type="text"/>	5e. Total # of Buildings <input style="width:40px; height:20px;" type="text"/>	
7. Name, Title & Phone No. of Property Owner: <input style="width:100%; height:20px;" type="text"/>					
Full Mailing Address: <input style="width:100%; height:20px;" type="text"/>					8. Type of Submission: <input type="checkbox"/> As-Built <input type="checkbox"/> Initial Assembly Installation <input type="checkbox"/> Replace Existing Device
Owner's Signature: <input style="width:100%; height:20px;" type="text"/>				Date: <input style="width:40px; height:20px;" type="text"/>	
9. Print Name and Full Mailing Address of Design Engineer or Architect: <div style="border:1px solid black; height:60px;"></div>					
Original Ink Signature & Seal Required on both copies.					8a. <input type="checkbox"/> New Service <input type="checkbox"/> Exist. Service
					8b. <input type="checkbox"/> New Building <input type="checkbox"/> New Extension <input type="checkbox"/> Major Renovation <input type="checkbox"/> Existing Building <input type="checkbox"/> Other <input style="width:60px;" type="text"/>
					10. NYS License #: <input style="width:100%;" type="text"/>
					<input type="checkbox"/> PE <input type="checkbox"/> RA
11. Water System Pressure (psi) at Point of Connection: Max.: <input style="width:40px;" type="text"/> Avg.: <input style="width:40px;" type="text"/> Min.: <input style="width:40px;" type="text"/>			12. Estimated Installation Cost: <input style="width:100%;" type="text"/>		10a. Telephone #: <input style="width:100%;" type="text"/>
					10b. Date: <input style="width:100%;" type="text"/>
13. Degree of Health Hazard: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous with Hazardous Fixtures <input type="checkbox"/> Aesthetically Objectionable					10c. E-MAIL: <input style="width:100%;" type="text"/>
List of Processes or reasons which lead to degree of assessed health hazard checked: <div style="border:1px solid black; height:40px;"></div>					
14. Public Water Supplier Name: NYC-DEP Mailing Address: NYC-DEP Bureau of Water & Sewer Operations Cross-Connection Control Unit 3rd Floor Low Rise 59-17 Junction Boulevard Flushing, NY 11373 Telephone No.: (718) 595-5463			FOR DEPARTMENT USE ONLY		
			Name of DEP's Designated Representative: Muhammad E. Hossain, Ph.D., P.E. Cross-Connection Control Review Unit The degree of hazard shown in item (13) above is in conformity with the latest DEP Cross- Connection Control Risk Assessment *Signature: <input style="width:100%;" type="text"/> Date: <input style="width:40px;" type="text"/>		

NOTE: Two ORIGINAL copies of this form, two copies of all plans, engineering reports 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 GEN236 FORM (NYC-DEP VERSION)
APPLICATION FOR APPROVAL OF CONTAINMENT BACKFLOW PREVENTION ASSEMBLIES
(Valid for Two [2] years from the Approval Date)

Please fill in ALL items from 0 through 13. No missing or incorrect entries for any field. If an item is not applicable to the proposed plans, N.A. must be inserted for not applicable. Print or Type ALL except signatures (no photocopies or electronic images are acceptable). Submit 2 original sets.

Please follow these tips to have the form completed:

- 0 to 4a) Fill in as appropriate (lot by lot). Be sure to include the block and lot(s), tentative lot numbers, if any. Failure to provide correct information will result in delayed approval process.
- 5) Be as specific as possible. (e.g. "8' N of Elm Street and 12' South of Main Street") and specify actual location of BFP assembly (s), (e.g. First Floor, Basement, Cellar, Sub-Cellar Floor, Hot Box, Vault, etc.).
- 5a, b, c) Fill in the number of water services for the entire facility (lot). "IWM" in the field 5c.
- 5d) This is the total of 5 a, b, and c, either existing or new.
- 5e) Fill in the total number of buildings in the entire lot. All adjacent buildings under the same ownership, occupancy or operation are considered part of the lot. Distant buildings with the same water, heating or other shared, common or interconnected systems are considered part of the same lot. In case of uncertainties, elaborate at length on additional sheets.
- 6) Note Manufacturer, model # in full, size & type of each backflow prevention assembly.
- 7) Indicate name, mailing address & phone number and signature of property owner/customer. Be sure this information is precise and active. Failure to provide correct property owner/customer mailing address will result in delayed notification. **Be sure to use original ink signatures on both forms.**
- 8, a, b) Check the applicable boxes, either separate or combination.
- 9) Print name & company (if any) 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 active mailing address. Failure to provide correct mailing address will result in delayed notification. **Be sure to use original ink stamp & sign on both submitted forms.**
- 10) Include NYS License number in blank. Check appropriate category.
- 10 a, b, c) Be sure to enter the applicable phone number, date application is signed and E-mail address.
- 11) Make sure that utility water system pressure at point of connection is included, as per Hydrant Flow Test performed by DEP.
- 12) Be sure to include these estimates. No blank is permitted. Use fair market value if work is free of charge.
- 13) Check the Degree of Health Hazard and list the justifiable reasons which lead to the degree of assessed hazard checked.
- 14) **To be completed by Department only.**

For additional information, use the back or attach additional sheets. If so, please indicate "Continued on back" or "See Additional Sheets" as appropriate. Additional sheets must be labeled, originally signed and stamped.

- Refer to: "NEW YORK CITY CROSS-CONNECTION CONTROL PROGRAM HANDBOOK", latest version on DEP web site.