

APPENDIX H

NYSDOH's DOH-347 Form

**NEW YORK STATE DEPARTMENT OF HEALTH
Public Water Supply Protection**

**APPLICATION for APPROVAL of
BACKFLOW PREVENTION DEVICES**

Please Complete Items 1-12a and Block and Lot Numbers			Block No.	Lot No.	FOR DEPARTMENT USE ONLY Log No.
1. Name of Facility		2. City, Village, Town		3. County	
4. Location of Facility (Street)		City	State		Zip
4a. Phone Numbers		Contact Person			
5. Approximate Location of Device(s)			6. Mfg. Model No.		Size of all Device(s)
No. Fire Services	No. Domestic Services	No. Combined Services		Total No. Services	Total Buildings
7. Name of Owner		Title	Phone No.		8. Nature of Works <input type="checkbox"/> Initial Installation <input type="checkbox"/> Replace Existing 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 Address (Street)					

City	State	Zip			
_____			Date ____ / ____ / ____		
Owner's Signature					
9. Name of Design Engineer or Architect			10. NYS License Number		
_____		Address (Street)		_____ <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
_____		City		Telephone Number(s)	
_____		State	Zip		
_____			Date		
_____			Signature		
Original Ink Signature & Seal Required on ALL Copies					
11. PSI at Point of Connection		12. Est. Installation Cost		12a. Estimate Design Cost	
Max _____ Avg _____ Min _____					
13. Degree of Hazard:			List of Processes/Reasons Degree of Hazard Checked		
<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable			_____ _____		
14. Public Water Supply Name			Name of Supplier's Designated Representative		
Monroe County Water Authority			Tod Ferguson, P.E.		
Mailing Address (Street)			Title		
475 Norris Drive			Technical Support Supervisor		
City	State	Zip		Signature	
Rochester	New York	14610		_____ M D Y	
Telephone Number			_____ / _____ / _____		
(585) 442-2000			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.