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.	10		OR DEPARTMENT USE ONLY	
1. Name of Facility			.	2. City, Villag				3. County	
4. Location of Facility (Street)			City		State	State		Zip	
4a. Phone Numbers Contact Person				n					
5. Approximate Location of Device(s)					6. Mf	6. Mfg. Model No. Siz		Size of all Device(s)	
No. Fire Services	No. Domestic Services		No. Combined Services		Total	Total No. Services		Total Buildings	
7. Name of Owner	Title		Phone No.			8. Nature of Works ☐ Initial Installation ☐ Replace Existing			
Full Mailing Address (Street)					<i>8a.</i>	8a.			
City State 2				Zip	8b.				
Owner's Signature									
9. Name of Design Engineer or Architect					10. N	IYS License Nu	ımber		
Address (Street)									
City					Teleph	hone Number((s)		
	3	State	Zip						
					Date				
Signature Original Ink Signature & Seal Required on ALL Copies							/	/	
11. PSI at Point of Connection		12. Est. Installation Cost			12a. I	Estimate Desi	gn Cost		
Max Avg	Min								
13. Degree of Hazard: List of Processes/Reasons Degree of Hazard Checked								Checked	
☐ Hazardous ☐ Aesthetically Obje	ectionable								
14. Public Water Supply Name Monroe County Water Authority				Name of Supplier's Designated Representative Anthony Piascik, P.E.					
Mailing Address (Street) 475 Norris Drive				Title New Services Supervisor					
Rochester	ate New York	Zip 1	4610	Signature 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.