

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Public Water Supply Protection

Application For Approval of  
Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

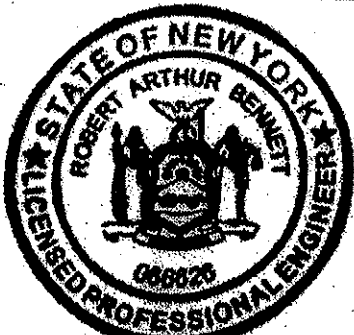
Please complete items 1 through 12a + Block and Lot Numbers

Block #

Lot #

FOR DEPARTMENT USE ONLY  
Log No.

1. Name of Facility		2. City, Village, Town		3. County Broome	
4. Location of Facility Street		City Johnson City		State NY	
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 Combines Services	Total # of Services		Total # of Buildings
7. Name of Owner		Title		Phone Number	
Street		8. Nature of works			
Full Mailing Address		City		State	
City		State		Zip	
Owner's Signature		Date		<input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device 8a. <input type="checkbox"/> New Services <input type="checkbox"/> Existing Service 8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovation	

9. Name of Design Engineer or Architect Robert A. Bennett, P.E.		10. NYS License # 066626	
		<input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
Address <sup>street</sup> 44 Camden Street		10a. Telephone Number(s)	
City Johnson City		607-797-3031	
State NY Zip 13790		607-797-2523	
signature <i>Robert A. Bennett</i>		Date 04/24/1997 m d y	

11. Water System Pressure (psi) at point of Connection		12. Estimate Installation Cost		12a. Estimate Design Cost	
Max	Avg	Min			

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 Village of Johnson City		Name of supplier's designated representative Robert A. Bennett, P.E.	
Mailing address Street 44 Camden Street		Title Director of Public Services	
City Johnson City	State NY	Zip 13790	Signature* <i>Robert A. Bennett</i> m d y 04/24/1997
Telephone No. (607) 797-2523		* Your signature endorses proposal Date	


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.

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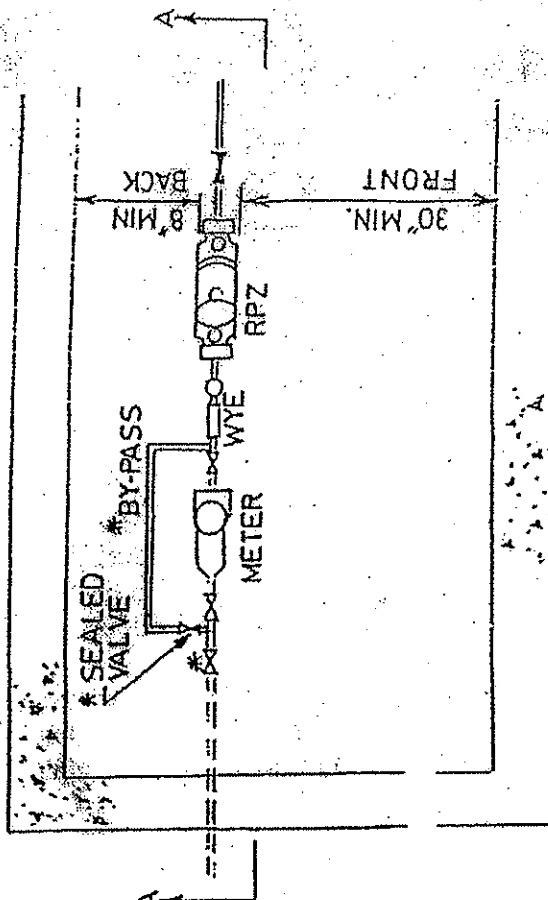
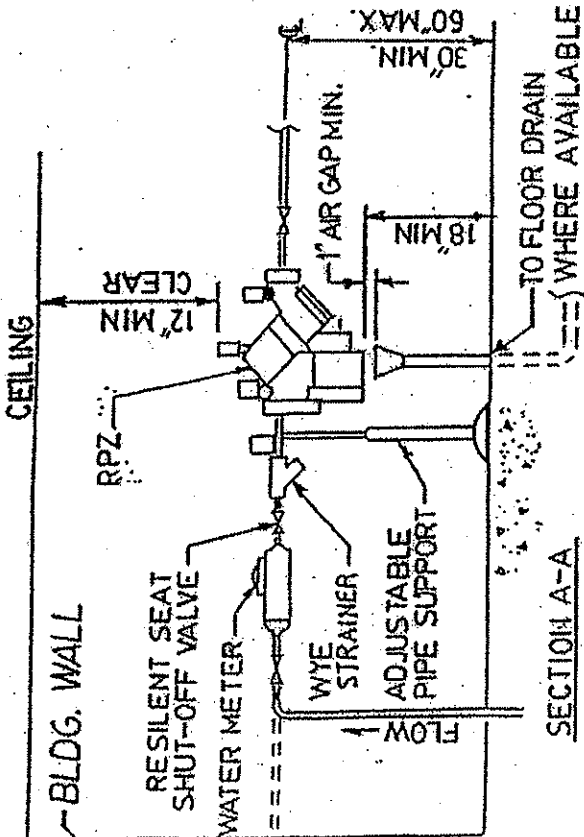
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\*BY-PASS, SEALED VALVE & ADDITIONAL VALVE ARE ONLY REQUIRED FOR LINES 2" OR LARGER.



**NOTES**

1. All backflow prevention (RPZ) devices must be approved by the New York State Department of Health - NYSDOH.
2. The RPZ device shall be installed as shown on the approved plans in a heated, lighted area above the highest possible flood level. The installation must be in conformance with the requirements of the NYSDOH, the Village Water Department and local plumbing codes.
3. An air-gap or an air gap fitting must be maintained at the relief port of the pressure reducing zone (RPZ) device.
4. Drainage capacity must be able to handle the maximum relief valve discharge of the RPZ device based on manufacturer's service rate curves. Direct drain connections to sewers are prohibited.
5. Adequate support for the RPZ devices must be supplied.
6. A thermal expansion tank should be installed on the cold water make-up lines to direct fire storage tanks. A working pressure must be maintained at all times.
7. The RPZ device is to be tested by a NYSDOH certified tester at time of the installation and at least annually thereafter. Test results are to be submitted to the water supplier.

**PLAN**

8. Maintenance of the RPZ device shall be the responsibility of the water customer. RPZ devices should be disassembled and overhauled every five years.
9. It is unlawful to tamper with the RPZ device, to install any outlet or connection ahead of the device, to install an unprotected bypass around the device, or to remove the device from service without the approval of the water supplier.

**RPZ - Reduced Pressure Zone**



VILLAGE OF JOHNSON CITY

**TYPICAL RPZ INSTALLATION**

SCALE: NONE

APPROVED BY

DRAWN BY

DATE: JAN 1997

DRAWING NUMBER