

Westchester Joint Water Works

Application for Approval of Backflow Prevention Device

For 2" Devices and Smaller

Customer Name _____

Customer # _____

Premises Address _____

Service Line Size _____

Telephone _____

Meter Size _____

Degree of Hazard Hazardous

Aesthetically Objectionable

Nature of Hazard _____

Required Device DCV

RPZ

To be completed by Customer

Name of Plumber _____

Address _____

Telephone # _____ License # _____

Proposed Device
Make _____ Model _____ Size _____

Installation Shall Conform With Standard Detail

15.1 15.2 15.3 15.4 16.1

For Office Use Only

Fee Received \$ _____ Date _____

Inspection Date _____ By _____ Conforms to Standard

Comments _____

Tester Certification Date _____ By _____