

9. Name of Design Engineer or Architect Street Address City State Zip Signature Original Ink signature and seal required on all copies	10. NYS License # ☐ PE ☐ RA ☐ Other 10a. Telephone Number(s) Date / / / M D Y
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13. Degree of Hazard	List of processes or reasons that lead to degree of hazard checked:
☐ Hazardous	_____
☐ Aesthetically Objectionable	_____

14. Public water supply name Mailing Address _____ street _____ City state zip Telephone No. ()	Name of supplier's designate representative Title _____ Signature _____ M / D / Y
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DOH-347 (5/91)