

**WESTCHESTER JOINT WATER WORKS**

1625 Mamaroneck Avenue

Mamaroneck, New York 10543

Telephone: 914-698-3500 Fax: 914-381-0349 Web Site: [www.wjww.com](http://www.wjww.com)**Application for  
Approval of Backflow  
Prevention Device  
(2" & Under)**

Date (MM/DD/YYYY):		Customer Account Number:		Customer Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Apartment Building <input type="checkbox"/> Residential <input type="checkbox"/> Golf Course <input type="checkbox"/> Other (please describe):	
<b>Customer Information</b> (Customer Complete This Section & Sign) :					
Customer Name:					
Telephone:		Cell Phone:		Email address:	
Street Address:					
City:				State:	Zip:
Signature of Customer:					Date:
<b>Service Address Where Device Is To Be Installed</b> (Plumber Complete This Section) :					
Street Address:				Municipality:	
<b>Information Regarding Device To Be Installed</b> (Plumber Complete This Section) :					
Type of Device: <input type="checkbox"/> DCV <input type="checkbox"/> RPZ		Degree of Hazard: <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetic		Is this Installation: <input type="checkbox"/> New Device <input type="checkbox"/> Replacement Device	
Nature of Hazard: <input type="checkbox"/> Irrigation System <input type="checkbox"/> Pool <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Private Well <input type="checkbox"/> Other (please describe):		Device to be installed will be located where? (please describe):			
Proposed Device Make:	Model:	Size:	Installation Shall Conform with Standard Detail (Circle One Choice Below): 15.1 15.2 15.3 15.4 16.1		
<b>Plumber Information</b> (Plumber Complete This Section & Sign) :					
Company Name or Sole Proprietor Name:			Business Phone:		Cell Phone:
Street Address:			City:		State: Zip:
Name of Licensed Plumber to be Installing Device (Print):			Westchester County Plumbing License #:		
Signature of Licensed Plumber to be Installing Device:					Date:
Application is hereby made to the Westchester Joint Water Works for a backflow prevention device (2" and Under) for the premises and water service as described herein, subject to the Rules and Regulations now in effect or that may hereafter be adopted or amended.					
Failure to install and submit successful test results within the prescribed time frame can result in violations, fines and suspension of water service. Commercial accounts - please take note that any change in use at a commercial property must be reported to WJWW immediately so that the potential for contamination and need for additional mitigation of any cross connection hazards posed can be assessed.					
<b>FOR OFFICE USE ONLY</b>					
Application Accepted By:		Date:	Received \$	Check #	or <input type="checkbox"/> Charge WJWW Account
Inspection Date:	WJWW Inspector:		Did Device Pass Inspection? (Circle One): Yes No		
Backflow Device Test Date:	NYS Certified Backflow Device Tester:		Backflow Device Tester NYS Certification #:		
Service Line Size:	Meter Size:	Comments:			