

**WESTCHESTER JOINT WATER WORKS**

1625 Mamaroneck Avenue

Mamaroneck, New York 10543

Telephone: 914-698-3500 Fax: 914-381-0349 Web Site: 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"/> Seasonal <input type="checkbox"/> Other _____	
Customer Information (Customer Complete This Section & Sign) :					
Customer Name:					
Telephone:		Cell Phone:		Email address:	
Street Address:					
City:				State:	Zip:
Signature of Customer:					Date:
Service Address Where Device Is To Be Installed (Plumber Complete This Section) :					
Street Address:				Municipality:	
Information Regarding Device To Be Installed (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"/> Construction <input type="checkbox"/> Other _____		Device to be installed will be located where? (please describe):			
Proposed Device Make:	Model (*full manufacturer model # must be provided, must be lead-free):	Size:	Installation Shall Conform with Standard Detail (must circle one): 15.1 15.2 15.3 15.4 16.1		
Backflow will be installed ** (must circle one): Horizontal → Vertical Up ↑ Vertical Down ↓					
Plumber Information (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:
<small>*The NYS DOH & WJWW will only accept those devices which appear on the current edition of the List of Approved Backflow Prevention Assemblies generated by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research (FCCCHR). Please note that along with double check, double check detector, reduced pressure and reduced pressure detector assemblies, the FCCCHR list includes atmospheric and pressure vacuum breakers which do not satisfy Section 5-1.31 of the State Sanitary Code. The FCCCHR list is available for free on-line at http://fccchr.usc.edu/list.html. **Device orientation must be listed as acceptable according to FCCCHR list.</small>					
<small>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.</small>					
<small>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.</small>					
FOR OFFICE USE ONLY					
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 #:		