



**CENTER FOR ENVIRONMENTAL HEALTH**

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**Public Health**  
Prevent. Promote. Protect.

**EDWIN J. DAY**  
*County Executive*

**SAMUEL RULLI, PE**  
*Director, Environmental Health*

**PUBLIC WATER SUPPLIER  
ACKNOWLEDGEMENT FORM**

The undersigned (representative of Public Water Supplier):

\_\_\_\_\_

of (Name of Public Water Supplier): \_\_\_\_\_

hereby authorizes (name of applicant): \_\_\_\_\_

to submit an Application to the Rockland County Department of Health

Backflow Prevention Device

Water Main Extension

for (address): \_\_\_\_\_

consisting of plans prepared by (name of design engineer):

\_\_\_\_\_

last revised (date): \_\_\_\_\_ and

engineer's report last revised (date): \_\_\_\_\_.

Signature of Representative of Public Water Supplier: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_