



OP129: Report on Testing of In



DEPT.BLDGS 110127639 Job Number

SC090213401

Scan Code Device

ewritten.

1 Test Report Information Part 1 <i>To be completed in full</i>				
Public Water Supply	NYC DEP	County	MAN	Block 1918 Lot 22
Facility Name	BUILDING			
Facility Address	264 WEST 134 ST			
City	NEW YORK	State	NY	Zip
Device Manufacturer	WATTS		Device Model	009
Size of Device	3/4"		Serial # of Device	B08890
Specific Location of Device				BOILER ROOM
End Use of Device (boiler, cooling tower, medical)				
BOILER				

2 Test Report Information Part 2 <i>To be completed by Certified Backflow Prevention Device Tester</i>				
	Check Valve No.1	Check Valve No.2	Differential Pressure Relief Valve (RPZ only)	Line Pressure <u>36</u> psi
Test Before Repair	Pressure Drop across first check valve, psi _____ ☐ Leak ☐ Closed tight	☐ Leak ☐ Closed tight	Opened at _____ psi	Date: ____/____/____
Describe repairs, parts and materials used.				Name of Repairer: JOHN LOVETRO Name, Lic# & Seal of Master Plumber 971 Date of Repair: <u>12 /01 /09</u>
Final Test	Pressure Drop across first check valve, psi _____ ☒ Closed tight	☒ Closed tight	Opened at _____ psi	Date: <u>12 /01 /09</u>
Device ☒ New ☐ Replacement		Completion Time of Test (e.g. 3:15 pm): 8:00am	Type of Service ☒ Domestic ☐ Combined	
CERTIFICATION: This Device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be corrected as/per PC 608/608.1.			CERTIFICATION: This device does NOT meet the requirements	
Signature	Date	Signature	Date	
	12/01/09			
Name (print)	Telephone Number	Certified Test No.	Expiration Date	
JOHN LOVETRO	917 560 9366	5624	07-31-2010	

3 Statements and Signature <i>To be completed by master plumber</i>	
☒ I am ☐ I am NOT the Licensed Master Plumber of Record. I have personally checked this installation and I certify that it is in accordance with the Building Department's Requirements (PC 312.9/PC 608.13).	
Plumber's Name (please print)	Plumber's License #
JOHN LOVETRO	971
Telephone #	
917 560 9366	
Signature	Date
	12-01-2009
This form reports for the test of an Internal (Secondary) Backflow Prevention Device and must be submitted to the Department of Buildings ONLY.	

Seal

