

New York City Department of Environmental Protection
Bureau of Water and Sewer Operations

Form for Report on Test and Maintenance
of Backflow Prevention Device

Please use a separate form for each device

☒ Initial Test

Complete entire form

Part A - TO BE COMPLETED IN ALL CASES

☐ Annual Test - For the Year _____

Complete Part A & B Only

Public Water Supply: <u>DEP</u>	County: <u>BRONX</u>	Block: <u>9892</u>	Lot: <u>142</u>	Department Use Only
Name & Address of Facility:		Manufacturer & Model of Device:		
<u>3529 GRACE AVENUE</u>		<u>950 XL WILKINS</u>		
<u>BRONX, NY 10466</u>		Size & Serial # of Device:		
Location of Device: <u>CELLAR</u>		<u>1/2</u>	<u>3472386</u>	

Part B - TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE TESTER

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure <u>50</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>2.5</u>	Leak () Closed tight (X)	Opened at _____ psi	Date: <u>11/17/11</u>
	Leak () Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic. # & Seal of Master Plumber: Date of Repair: ____/____/____
Final test	Pressure drop across first check valve, psi _____	Closed tight ()	Opened at _____ psi	Date: ____/____/____
	Closed tight ()			
Water Meter Number: <u>83043797</u>	Meter Reading: <u>000004</u>	Completion Time of Test (e.g. 3:15 pm): <u>5:00PM</u>	Type of Service (Please Circle One): Domestic Fire <u>Combined</u>	

Question 1: Are there any connections between the point of entry and the backflow preventer, or other deficiencies? *If YES, please explain in detail in the space provided or on an additional paper.

NO CONNECTIONS BEFORE

CERTIFICATION: This device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be correct.

Alexandre Roberte
Signature

11/17/11
Date

ALEXANDRE ROBERTE (718) 578-2120
PRINT NAME Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature

Date

8829
Certified Tester No.

08/31/13
Expiration Date

Part C - TO BE COMPLETED BY PROFESSIONAL OR REG. ARCHITECT

Professional Engineer's or Registered Architect's Certification:

I have personally checked this installation and I certify that it is in accordance with the approved plans.

Water Supplier Approval #: 11032631

[X] I am the Designer of Record. [] I am NOT the Designer of Record.

PE/RA Printed Name: Sion Hauriz

Company: Sion Associates P.C.

Address: 244 - 10 Avenue

Telephone #: 516 347 8111

Signature, Seal & Date:

Minor Installation Changes (describe):

Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: At 11 am I am NOT the Licensed Master

Plumber of Record. I accordance with the E

Building Department Number: (Use Sticker)



SC221591282 Scan Code

Plumber's Printed Name: MANUEL MANA

Plumber's License #: 1969

Telephone #: 718 578 2120

Signature, Seal and Date:

11/29/11

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Flushing, NY 11373 within 30 days of installation and initial testing.

New York City Department of Environmental Protection
Bureau of Water and Sewer Operations

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☒ Initial Test
☐ Annual Test - For the Year _____

Complete entire form

Complete Part A & B Only

Part A - TO BE COMPLETED IN ALL CASES

Public Water Supply: <u>DEP</u>	County: <u>Bronx</u>	Block: <u>9892</u>	Lot: <u>142</u>	Department Use Only
Name & Address of Facility:		Manufacturer & Model of Device:		
<u>3529 GALE AVE</u>		<u>ZURN WILKINS 950XL</u>		
<u>Bronx, NY 10466</u>		Size & Serial # of Device: <u>34 3468616XL</u>		
Location of Device: <u>COUPL</u>				

Part B - TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE TESTER

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure <u>50</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>2.1</u>	Leak Closed tight <u>()</u>	<u>()</u> Opened at _____ psi	Date: <u>11/17/11</u>
	Leak Closed tight <u>()</u>			
Describe repairs, parts and materials used.				Name of Repairer:
				Name, Lic. # & Seal of Master Plumber:
Final test	Pressure drop across first check valve, psi _____	Closed tight <u>()</u>	Opened at _____ psi	Date: _____/_____/_____
	Closed tight <u>()</u>			
Water Meter Number: <u>52278076</u>	Meter Reading: <u>000002</u>	Completion Time of Test (e.g. 3:15 pm): <u>5:30 PM</u>	Type of Service (Please Circle One): Domestic Fire <u>Combined</u>	

Question 1: Are there any connections between the point of entry and the backflow preventer, or other deficiencies? *If YES, please explain in detail in the space provided or on an additional paper.

NO CONNECTIONS BEFORE

CERTIFICATION: This device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be correct.

Alexandre Robert 11/17/11
Signature Date

ALEXANDRE ROBERT (718) 578-2220
PRINT NAME Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature Date

8829 08/31/13
Certified Tester No. Expiration Date

Part C - TO BE COMPLETED BY PROFESSIONAL OR REG. ARCHITECT

Professional Engineer's or Registered Architect's Certification:
I have personally checked this installation and I certify that it is in accordance with the approved plans.

Water Supplier Approval #: 11032631

(☒) I am the Designer of Record. (☐) I am NOT the Designer of Record.

PE/RA Printed Name: Sion

Company: Sion

Address: 245-87

Telephone #: 516

Signature, Seal & Date: [Signature] 11/17/11

Minor Installation Changes (describe): _____

Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: Notam (☒) I am NOT the Licensed Master Plumber of Record in accordance with:

Building DEPT. BLDGS 220102341 Job Number

Department Number: (Use Slic)

SC221591285 Scan Code

Plumber's Printed Name: MANUEL ARANDA

Plumber's License #: 1969

Telephone #: 718 578 2220

Signature, Seal and Date: [Signature] 11/22/11

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Flushing, NY 11373 within 30 days of installation and initial testing.

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Name & Address of Facility:		Manufacturer & Model of Device:		
<u>3529 GRACE AVENUE</u>		<u>350 DA WILKINS</u>		
<u>BRONX, NY 10466</u>		Size & Serial # of Device:		
Location of Device: <u>CELLAR</u>		<u>3"</u> <u>35471</u>		

Part B - TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE TESTER

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure <u>50</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>2.1</u>	Leak <u>()</u> Closed tight <u>(X)</u>	Opened at _____ psi	Date: <u>11/17/11</u>
	Leak <u>()</u> Closed tight <u>(X)</u>			
Describe repairs, parts and materials used.				Name of Repairer:
				Name, Lic. # & Seal of Master Plumber:
Final test	Pressure drop across first check valve, psi _____	Closed tight <u>()</u>	Opened at _____ psi	Date: _____
	Closed tight <u>()</u>			
Water Meter Number: <u>52278076</u>	Meter Reading: <u>000002</u>	Completion Time of Test (e.g. 3:15 pm): <u>5:15 PM</u>	Type of Service (Please Circle One): Domestic Fire <u>Combined</u>	

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Alexandre Robert
Signature

11/17/11
Date

ALEXANDRE ROBERT
PRINT NAME

(718) 578-2120
Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature

Date

8829
Certified Tester No.

08/31/12
Expiration Date

Part C - TO BE COMPLETED BY PROFESSIONAL OR REG. ARCHITECT

Professional Engineer's or Registered Architect's Certification:

I have personally checked this installation and I certify that it is in accordance with the approved plans.

Water Supplier Approval #: 11032631

☒ I am the Designer of Record. ☐ I am NOT the Designer of Record.

PE/RA Printed Name: Sion H...

Company: Sion...

Address: 245-02...

Telephone #: 516-...

Signature, Seal & Date: [Signature]

Minor Installation Changes (describe):

Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: ☒ I am ☐ I am NOT the Licensed Master

Plumber of Record in accordance with:

Building Department Number: (Use Stic



SC221591288

Scan Code

Plumber's Printed Name: MANUEL ARANDA

Plumber's License #: 1969

Telephone #: 718 578 4120

Signature, Seal and Date: [Signature]

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Flushing, NY 11373 within 30 days of installation and initial testing.