

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

Part A - TO BE COMPLETED IN ALL CASES

☒ Initial Test
☐ Annual Test - For the Year 10

Complete entire form
Complete Part A & B Only

Public Water Supply: <u>DEP</u>	County: <u>Kings</u>	Block: <u>1178</u>	Lot: <u>67</u>	Department Use Only
Name & Address of Facility: <u>527 LINCOLN PI LLC</u> <u>527 Lincoln Pl.</u> <u>BROOKLYN, NY 11238</u>		Manufacturer & Model of Device: <u>WILKINS 350 ADA</u>		
		Size & Serial # of Device: <u>6" V24588</u>		
Location of Device: <u>Basement meter room</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>60</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak <u>()</u> Closed tight <u>(X)</u>	Leak <u>()</u> Closed tight <u>(X)</u>	Opened at _____ psi	Date: <u>5/18/10</u>
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 <u>()</u>	Closed tight <u>()</u>	Opened at _____ psi	Date: ____/____/____
Water Meter Number: <u>52270443</u>	Meter Reading: <u>000001</u>	Completion Time of Test (e.g. 3:15 pm): <u>11:30 AM</u>	Type of Service (Please Circle One): Domestic <u>Fire</u> Combined	

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

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.

Vitautas Dagilis 5/18/10
Signature Date

CERTIFICATION: This device does NOT meet the requirements.

Signature Date

Vitautas Dagilis 718234-8801 7688 12/31/10
PRINT NAME Telephone No. 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 #: 07019849

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

PE/RA Printed Name: FILOKOSTEFALAS, P.E.
Company: SEVERED ENGINEERS P.C.
Address: 211-22 OSWANTON BLVD
Telephone #: 718-234-9001
Signature, Seal & Date: [Signature] 5/19/10

Minor Installation Changes (describe) _____
HAVE NO ADVERSE EFFECT ON THE DEVICE WILL
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. I
accordance with the B

Building DEPT. BLDGS 310008434 Job Number
Department
Number: (Use Sticker)



SC350973999 Scan Code

Plumber's Printed Name: JACK BRONNER
Plumber's License #: 1077
Telephone #: 718 376-0891
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 & Connections, Cross Connection Control Unit, 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Corona, NY 11368 within 30 days of installation and initial testing.

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Complete entire form

Complete Part A & B Only

Public Water Supply: <u>DEP</u>	County: <u>KINGS</u>	Block: <u>1178</u>	Lot: <u>67</u>	Department Use Only
Name & Address of Facility: <u>527 LINCOLN PL LLC</u> <u>527 Lincoln Pl.</u> <u>Brooklyn, NY 11238</u>		Manufacturer & Model of Device: <u>Wilkins 950 XL</u>		
		Size & Serial # of Device: <u>3/4" 3207995 XLO</u>		
Location of Device: <u>Basement meter room</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>60</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak Closed tight <u>()</u>	Leak Closed tight <u>()</u>	Opened at _____ psi	Date: <u>5/18/10</u>
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic. # & Seal of Master Plumber: Date of Repair: <u> / / </u>
Final test	Pressure drop across first check valve, psi _____ Closed tight <u>()</u>	Closed tight <u>()</u>	Opened at _____ psi	Date: <u> / / </u>
Water Meter Number: <u>52270443</u>	Meter Reading: <u>000001</u>	Completion Time of Test (e.g. 3:15 pm): <u>11:45 AM</u>	Type of Service (Please Circle One): Domestic <u>()</u> Fire <u>(X)</u> Combined <u>()</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

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.

[Signature] 5/18/10
Signature Date

CERTIFICATION: This device does NOT meet the requirements.

Signature Date

Vytautas Dagilis (718) 334-8801
PRINT NAME Telephone No.

7688 12/31/10
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 #: 07019849

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

PE/RA Printed Name: FILOLAGS KEFALAS P.E.

Company: ST. JAMES ENGINEERS P.C.

Address: 215 WEST 10TH STREET

Telephone #: 212-244-9082

Signature, Seal & Date: [Signature] 5/19/10

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. I have accordance with the Building Department

Building Department Number: (Use Sticker)

DEPT. BLDGS 310008434 Job Number
SC350974002 Scan Code

Plumber's Printed Name: JACK BROWER

Plumber's License #: 1077

Telephone #: 718-376-0891

Signature, Seal and Date: [Signature]

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