

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 2012

Complete Part A & B Only

Public Water Supply: <u>NYC DEP</u> County: <u>Kings</u>	Block: <u>6227</u> Lot: <u>29</u>	Department Use Only
Name & Address of Facility: <u>1852 Bay Ridge Parkway</u> <u>BROOKLYN NY 11204</u>	Manufacturer & Model of Device: <u>WILKINS 350 OA</u>	
	Size & Serial # of Device: <u>3"</u> <u>36772</u>	
Location of Device: <u>Cellar 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 (RPRZ only)	Line Pressure <u>50</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak _____ Closed tight ☒	Leak _____ Closed tight ☒	Opened at _____ psi	Date: <u>1/9/12</u>
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic. # & Seal of Master Plumber: <u>Dimitrios Tsamos T.S. # 2125</u> Date of Repair: _____
Final test.	Pressure drop across first check valve, psi _____ Closed tight ☒	Closed tight ☒	Opened at _____ psi	Date: _____

Water Meter Number: <u>52269559</u>	Meter Reading: <u>000001</u>	Completion Time of Test (e.g. 3:15 pm): <u>11:00 AM</u>	Type of Service (Please Circle One): Domestic ☐ Fire ☒ Combined ☐
--	---------------------------------	--	---

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

NONE

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.

Dimitrios Tsamos
Signature

Date

DIMITRIOS TSAMOS
PRINT NAME

718-433-4877
Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature

Date

7329

Certified Tester No.

1/13/13
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 #: 11033953

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

PER/A Print Name: JUNG HYUN CHOI

Company: L & L ASSOCIATES

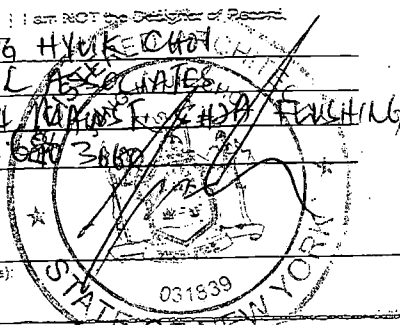
Address: 30-50 KINGS HWY #20A FENCHING

Telephone #: 718-640-3400

Signature, Seal & Date:

Minor Installation Changes (describe):

Attach additional sheets if required.



Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's
Number at Record:
as recorded with this:

Building
Department
Number (also Owner)

DEPT. BLDGS 320302560 Job Number
Scan Code
SC341733561

Plumber's Print Name: Dimitrios Tsamos

Plumber's License #: 2125

Telephone #: 718-433-4877

Signature, Seal and Date:

Dimitrios Tsamos
1-9-12

NOTE: Send one completed form with original signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Connections, Cross Connection Control Unit, 60-17 Junction Boulevard, 3rd Fl. Low-Rise, Corona, NY 11368 within 30 days of installation and initial testing.