

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>NYC DEP</u>	County: <u>QUEENS</u>	Block: <u>578</u>	Lot: <u>26</u>	Department Use Only
Name & Address of Facility: <u>BUILDING</u> <u>25-16 30 DA</u> <u>QUEENS NY</u>		Manufacturer & Model of Device: <u>AA0110 0008456</u>		
		Size & Serial # of Device: <u>3</u> <u>15931</u>		
Location of Device: <u>Cell</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>46</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____	Leak Closed tight <u>(X)</u>	Opened at _____ psi	Date: <u>9/16/10</u>
	Leak Closed tight <u>(X)</u>			
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic. # & Seal of Master Plumber <u>JOHN LOUETRO 971</u> Date of Repair: _____
Final test	Pressure drop across first check valve, psi _____	Closed tight <u>()</u>	Opened at _____ psi	Date: <u>9/16/10</u>
	Closed tight <u>()</u>			
Water Meter Number: <u>52269867</u>	Meter Reading: <u>00001</u>	Completion Time of Test (e.g. 3:15 pm): <u>8:50 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 s;

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 JOHN LOUETRO Date 9/16/10

PRINT NAME

Telephone No. (917) 560-9366

CERTIF



Signature

Date

Certified Tester No. 5624

Expiration Date 7/31/13

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 #: 10026593

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

PE/RA Printed Name: BAHRAM TEHRANI

Company: BTE DESIGN SERVICES

Address: 172-13 HILLSIDE AVE #201, Jamaica, NY 11432

Telephone #: 718-883-1100

Signature, Seal & Date: Bahram Tehrani

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 personally checked this installation and I certify that it is in accordance with the Building Department's Requirements.

Building Department Number: (Use Sticker)

410062499

Plumber's Printed Name: JOHN LOUETRO

Plumber's License #: 971

Telephone #: 9175609366

Signature, Seal and Date: John Louetro 9/16/10

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division 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.