

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
☐ Annual Test - For the Year 2010

Part A - TO BE COMPLETED IN ALL CASES

Complete entire form
Complete Part A & B Only

Public Water Supply: <u>NYC DEP</u>	County: <u>NYC QUEENS</u>	Block: <u>660</u>	Lot: <u>24</u>	Department Use Only
Name & Address of Facility: <u>30-47-38 STR.</u>		Manufacturer & Model of Device:		
<u>ASTORIA, NY 11103</u>		<u>WATTS 709 DCDA</u>		
		Size & Serial # of Device: <u>4" 124796</u>		
Location of Device: <u>CELLAR WATER 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>45</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____	Leak () Closed tight (X)	Opened at _____ psi	Date: <u>1/10/10</u>
	Leak () Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: <u>A. DIAKOVASILIS</u> Name, Lic. # & Seal of Master Plumber: <u>1765</u> Date of Repair: <u>1/10/10</u>
Final test	Pressure drop across first check valve, psi _____	Closed tight ()	Opened at _____ psi	Date: _____
	Closed tight ()			
Water Meter Number: <u>52267578</u>	Meter Reading: <u>000001</u>	Completion Time of Test (e.g. 3:15 pm): <u>9 AM</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

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.

A. DIAKOVASILIS 1/10/10
Signature Date

CERTIFICATION: This device does NOT meet the requirements.

Signature Date

ARISTOTELIS DIAKOVASILIS 718-2789495 5337 6/30/12
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 #: 08021651

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

PE/RA Printed Name: Amalia Bournias

Company: Topos Design Inc.

Address: 61-04 37 Ave. Astoria, NY 11103

Telephone #: (718) 478-6777

Signature, Seal & Date: 1/15/10

Minor Installation Changes (describe):

Attach additional sheets if required.



Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's
Plumber of Record
accordance with:

Building DEPT. BLDGS 410159947 Job Number
Department
Number: (Use Stic)
SC460610047 Scan Code

Plumber's Printed Name: A. DIAKOVASILIS

Plumber's License #: 1765

Telephone #: 718-2789495

Signature, Seal and Date: 1-10-10

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.