

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

DEPT.BLDGS 420147095 Job Number
SC451825568 Scan Code

Please use a separate form for each device

☒ Initial Test
☐ Annual Test - F

Part A- TO BE COMPLETED IN ALL CASES

Public Water Supply: <u>NYC</u>	County: <u>QUEENS</u>	Block: <u>6435</u>	Lot: <u>37</u>	Department Use Only
Name & Address of Facility: <u>150-17 61 ROAD</u>		Manufacturer & Model of Device: <u>WILKINS 350DA</u>		
		Size & Serial # of Device: <u>3' N36667</u>		
Location of Device: <u>FRONT OF 1ST FL</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>62</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>1.8</u>	Leak Closed tight ☒	Opened at ___ psi	Date: <u>02/18/12</u>
	Leak Closed tight ☒			
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 ☐	Opened at ___ psi	Date: ___/___/___
	Closed tight ☐			
Water Meter Number: <u>2190 1760</u>	Meter Reading: <u>000001</u>	Completion Time of Test (e.g. 3:15 pm): <u>1:00 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? NO
*If YES, please explain in detail in the space provided or on an additional paper.

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

Date

LI KONG MA
PRINT NAME

718-353-9696
Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature

Date

6847
Certified Tester No.

09/30/2014
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 #: 11034495

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

PE/RA Printed Name: YANQI DING

Company: DINGS ENGINEERING PC

Address: 46-23 58 AVE FLUSHING

Telephone #: 718-353-9696

Signature, Seal & Date:

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)

420 147 095

Plumber's Printed Name: LI KONG MA

Plumber's License #: # 2039

Telephone #: 718-353-9696

Signature, Seal and Date:

LI KONG MA 02/27/12

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.