

**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 2013

Complete entire form
Complete Part A & B Only

Part A- TO BE COMPLETED IN ALL CASES

Public Water Supply: <u>NYC DEP</u>	County: <u>Queens</u>	Block: <u>1518</u>	Lot: <u>35</u>	Department Use Only
Name & Address of Facility: <u>Hoi Kong Harbor Enterprises</u> <u>84-11 Queens Blvd</u> <u>Elmhurst, NY</u>		Manufacturer & Model of Device: <u>Wilkins 375XL</u>		
		Size & Serial # of Device: <u>1 1/2</u> <u>A271911</u>		
Location of Device: <u>Cellar</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>70</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>9</u> Leak <u>()</u> Closed tight <u>()</u>	Leak <u>()</u> Closed tight <u>()</u>	Opened at <u>4</u> psi	Date: <u>7/24/13</u>
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic. # & Seal of Master Plumber: Date of Repair: <u>7/24/13</u>
Final test	Pressure drop across first check valve, psi _____ Closed tight <u>()</u>	Closed tight <u>()</u>	Opened at _____ psi	Date: <u>7/24/13</u>
Water Meter Number: <u>2280300</u>	Meter Reading: <u>0000070</u>	Completion Time of Test (e.g. 3:15 pm): <u>1:45 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? *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: [Signature] Date: 7/24/13

PRINT NAME: Thomas McKiernan Telephone No.: (718) 271-3350

CERTIFICATION: This device does NOT meet the requirements.

Signature: _____ Date: _____

Certified Tester No.: 8416 Expiration Date: 10/31/15

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 #: 110347052

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

PE/RA Printed Name: Chang H. Tan
Company: 87-03 Grand Avenue
Address: TAN ARCHITECT P.C.
87-03 GRAND AVENUE
Telephone #: ELMHURST, NY 11373
Signature, Seal & Date: [Signature] 7/24/13

Minor Installation Changes (describe):

Attach additional sheets if required.

Part D- TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: [] I am [X] 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 Number: (Use Sticker) DEPT.BLDGS 420287317 Job Number



Plumber's Printed Name: [Signature]
Plumber's License #: 07422
Telephone #: 718 688 8122
Signature, Seal and Date: [Signature] 7/24/13

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.

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 2013

Complete Part A & B Only

Public Water Supply: <u>LWC Det</u>	County: <u>Queens</u>	Block: <u>1548</u>	Lot: <u>35</u>	Department Use Only
Name & Address of Facility: <u>Hoi Kong Harbor Enterprises</u> <u>8411 Queens Blvd</u> <u>Elmhurst, NY</u>		Manufacturer & Model of Device: <u>Wilkins 556XL</u>		
		Size & Serial # of Device: <u>3/4</u> <u>3587623</u>		
Location of Device: <u>Cellar</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>70</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak () Closed tight (X)	Leak () Closed tight (X)	Opened at _____ psi	Date: <u>7/24/13</u>
Describe repairs, parts and materials used.				Name of Repairer: _____ Name, Lic. # & Seal of Master Plumber: _____ Date of Repair: <u>07/25/13</u>
Final test	Pressure drop across first check valve, psi _____ Closed tight ()	Closed tight ()	Opened at _____ psi	Date: <u>07/25/13</u>
Water Meter Number: <u>33767493</u>	Meter Reading: <u>0000.1</u>	Completion Time of Test (e.g. 3:15 pm): <u>3:15 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? *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: 7/24/13

PRINT NAME: Thomas H. Hickey Telephone No.: 718-252-8838

CERTIFICATION: This device does NOT meet the requirements.

Signature: _____ Date: 7/24/13

Certified Tester No.: 8416 Expiration Date: 10/31/13

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 #: 11034852

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

PE/RA Printed Name: Chang H. Tan

Company: TAN ARCHITECT P.C.

Address: 87-03 GRAND AVENUE

Telephone #: ELMHURST, NY 11373

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 [X] I am NOT the Licensed Master Plumber of Record, in accordance with the

Building Department Number: (Use Sticker)

Plumber's Printed Name: _____

Plumber's License #: 00428

Telephone #: 718-655-5003

Signature, Seal and Date: _____

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.

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 2013

Complete Part A & B Only

Public Water Supply: <u>NYC DEP</u>	County: <u>Queens</u>	Block: <u>1548</u>	Lot: <u>35</u>	Department Use Only
Name & Address of Facility: <u>Hon Kong Harbor Enterprises</u> <u>8411 Queens Blvd.</u> <u>Elmhurst, NY</u>		Manufacturer & Model of Device: <u>GRUNDFOS 352 ADA</u>		
		Size & Serial # of Device: <u>3" V353 141</u>		
Location of Device: <u>Cellar</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>70</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak () Closed tight (x)	Leak () Closed tight (x)	Opened at _____ psi	Date: <u>7/24/13</u>
Describe repairs, parts and materials used.				Name of Repairer: _____ Name, Lic. # & Seal of Master Plumber: _____ Date of Repair: <u>07/27/13</u>
Final test	Pressure drop across first check valve, psi _____ Closed tight ()	Closed tight ()	Opened at _____ psi	Date: <u>07/27/13</u>
Water Meter Number: <u>23767473</u>	Meter Reading: <u>60001</u>	Completion Time of Test (e.g. 3:15 pm): <u>2:45 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: 7/24/13

PRINT NAME: Thomas McNamee Telephone No.: (718) 457-8330

CERTIFICATION: This device does NOT meet the requirements.

Signature: _____ Date: 7/24/13

Certified Tester No.: 34116 Expiration Date: 10/31/15

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 #: 11024052

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

PE/RA Printed Name: Chang H. Tan

Company: TAN ARCHITECT P.C.

Address: 87-03 GRAND AVENUE

Telephone #: TEL 457-8330

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 [X] I am NOT the Licensed Master Plumber of Record, in accordance with the

Building Department Number: (Use Sticker)

Plumber's Printed Name: James R...

Plumber's License #: 34116

Telephone #: 718 457-8330

Signature, Seal and Date: _____

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.