

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

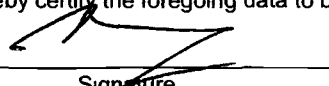
|                                                                              |                |                                                      |         |                            |
|------------------------------------------------------------------------------|----------------|------------------------------------------------------|---------|----------------------------|
| Public Water Supply: NYC DEP                                                 | County: Queens | Block: 1102                                          | Lot: 34 | <b>Department Use Only</b> |
| Name & Address of Facility:<br><br>24-52 92 Street<br>Queens, New York 11369 |                | Manufacturer & Model of Device:<br><br>Wilkins 350DA |         |                            |
|                                                                              |                | Size & Serial # of Device:<br>3" N47366              |         |                            |
| Location of Device: Cellar                                                   |                |                                                      |         |                            |
|                                                                              |                |                                                      |         |                            |

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>60</u> psi                                                                           |
| Test Before Repair                          | Pressure drop across first check valve, psi _____ | Leak ( )<br>Closed tight (X)                   | Opened at _____ psi                                            | Date: <u>10 / 28 / 2015</u>                                                                           |
|                                             | Leak ( )<br>Closed tight (X)                      |                                                |                                                                |                                                                                                       |
| Describe repairs, parts and materials used. |                                                   |                                                |                                                                | Name of Repairer:<br><br>Name, Lic. # & Seal of Master Plumber:<br><br>Date of Repair: ____/____/____ |
|                                             |                                                   |                                                |                                                                |                                                                                                       |
| Final test                                  | Pressure drop across first check valve, psi _____ | Closed tight ( )                               | Opened at _____ psi                                            | Date: ____/____/____                                                                                  |
|                                             | Closed tight ( )                                  |                                                |                                                                |                                                                                                       |
| Water Meter Number: 52300790                | Meter Reading: 000000023                          | Completion Time of Test (e.g. 3:15 pm): 2:50PM | Type of Service (Please Circle One):<br>Domestic Fire 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 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. | CERTIFICATION: This device does NOT meet the requirements.                                        |
| <br>Signature                                                                 | <br>Signature |
| <u>10 / 28 / 15</u><br>Date                                                                                                                                      | <u>04 / 30 / 18</u><br>Date                                                                       |
| Robert Wong<br>PRINT NAME                                                                                                                                        | 8212<br>Certified Tester No.                                                                      |
| (347) 680 - 7485<br>Telephone No.                                                                                                                                | 04/30 / 18<br>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 #: 150 56646

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

PE/RA Printed Name: Shahriar Afshari

Company: AFSHARI P.C.

Address: 46 Main Street, Flushing, NY 11375

Telephone #: 96-621-2058

Signature, Seal & Date: 11-13-15

Minor Installation Changes (describe):

Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

**Master Plumber's Certification:** [X] 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)

Plumber's Printed Name: Duane D Poladian

Plumber's License #: 2025

Telephone #: 718-888-0213

Signature, Seal and Date: 10.28.2015

**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, 3<sup>rd</sup> Fl. Low-Rise, Flushing, NY 11373 within 30 days of installation and initial testing.

NYC GEN215B Revised (6/08)

DEPT BLDGS Job No. 420913792

