



CHICAGO WATER DEPARTMENT BACKFLOW PREVENTER TEST REPORT

PLUMBING INSPECTION DEPARTMENT PHONE: 312-744-3768 FAX: 312-744-3289

PERMIT # *Pending*

ORIGINAL TEST

TIME 11:50 A.M. DATE 2/20/12

DISTRICT RETEST

PASS

FAIL

TEST KIT MIDWEST 845

CALIBRATION DATE 4/1/2011

ADDRESS 111 S. MORGAN

OWNER 111 S. MORGAN CONDO'S

CONTACT BRUCE GRODEZ

PHONE (847) 809-2644 FAX

CONTRACTOR Backflow Testing Services

PHONE (847) 669-1664

DEVICE = DCDA

SUPPLY PRESSURE (PSI) 45

DOF B-P

MFR Ames SIZE 8" MODEL # 3001 55 SERIAL # 101688

ON LINE TO Fire Protection

EXACT LOCATION Pump Room

CHECK VALVE #1 4.2

CHECK VALVE #2 3.0

RELIEF VALVE

INITIAL TEST CLOSED TIGHT

CLOSED TIGHT

OPENED @ PSID/RZONE

LEAKED

LEAKED

DID NOT OPEN

COMMENTS

COMMENTS

COMMENTS

FINAL TEST CLOSED TIGHT

CLOSED TIGHT

OPENED @ PSID

CONTROL VALVE #1

CONTROL VALVE #2

TEST COCKS

TYPE OS&Y

TYPE OS&Y

COMPLETE

RW

RW

MISSING #

CLOSED TIGHT

CLOSED TIGHT

DAMAGED

LEAKED

LEAKED

COMMENTS

COMMENTS DEVICE IS INSTALLED IN HORIZONTAL OR VERTICAL POSITION

TESTER

CCCDI #

PLUMBING LICENSE

Matthew F. Kuschel

XC 4462

058-195829

Michael A. Popp

XC 3845

058-165952

Matthew F. Kuschel

Michael A. Popp

Last Tested

Customer Signature:

Date:

Customer agrees that this test has been completed and that all valves are sealed and closed tight.

{At}



CHICAGO WATER DEPARTMENT BACKFLOW PREVENTER TEST REPORT

PLUMBING INSPECTION DEPARTMENT PHONE: 312-744-3768 FAX: 312-744-3289

PERMIT # *Pending*

TIME 11:45 AM DATE 2/20/12

TEST KIT MIDWEST 845

ADDRESS 111 S. MORGAN

CONTACT BRUCE GRODETZ

CONTRACTOR Backflow Testing Services

DEVICE = *DC*

MFR *Ames* SIZE *3/4"* MODEL # *2000B* SUPPLY PRESSURE (PSI) *45* DOF B.P.

ON LINE TO *Fire Protection* SERIAL # *24965*

EXACT LOCATION *Pump Room*

<u>CHECK VALVE #1</u>	<u>CHECK VALVE #2</u>	<u>RELIEF VALVE</u>
INITIAL TEST CLOSED TIGHT <i>2.2</i>	CLOSED TIGHT <i>2.5</i>	OPENED @ PSID/RPZONE
<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> DID NOT OPEN
COMMENTS	COMMENTS	COMMENTS
FINAL TEST CLOSED TIGHT <i>✓</i>	CLOSED TIGHT <i>✓</i>	OPENED @ PSID

<u>CONTROL VALVE #1</u>	<u>CONTROL VALVE #2</u>	<u>TEST COCKS</u>
TYPE <i>Ball</i>	TYPE <i>Ball</i>	<input checked="" type="checkbox"/> COMPLETE
<input type="checkbox"/> RW	<input type="checkbox"/> RW	MISSING #
<input checked="" type="checkbox"/> CLOSED TIGHT	<input checked="" type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DAMAGED
<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	COMMENTS

COMMENTS DEVICE IS INSTALLED IN HORIZONTAL OR VERTICAL POSITION

<u>TESTER</u>	<u>CCCDI #</u>	<u>PLUMBING LICENSE</u>
<input type="checkbox"/> Matthew F. Kuschel	XC 4462	058-195829
<input type="checkbox"/> Michael A. Popp	XC 3845	058-165952

Last Tested

Matthew F. Kuschel
Michael A. Popp

Customer Signature:

Date:

Customer agrees that this test has been completed and that all valves are sealed and closed tight.



**DEPARTMENT OF WATER MANAGEMENT
CITY OF CHICAGO**

02/14/12

One One One Morgan
c/o BRUCE GODETZ
or CURRENT OWNER/OCCUPANT
111 S Morgan
CHICAGO, IL 60607

Dear Owner/Occupant:

RE: 111 S Morgan

This is a reminder notice. The above referenced building is due for a system drain and flush within 30-60 days or it may be in violation of the following City of Chicago Code.

Section 18-29-608.16.4 Fire protection equipment, risers, standpipes, tanks, to be drained and flushed. All fire protection equipment, tanks, risers, standpipes, domestic house tanks, compression tanks, and other tanks that have a weight check valve for backflow prevention and are supplied with water from the City of Chicago Waterworks System shall be drained and flushed at least every 12 months in the presence of a plumbing inspector. Further, fire protection systems and equipment shall be kept free from accumulations of sand, silt, and stagnant water which would nullify the action of chlorine content of city water.

Please respond to this reminder notice within fifteen business days to set up an appointment. Non-compliance may result in the termination of your water service and an administrative hearing.

For further information contact Mr. Denis Riordan by E-MAIL at crossconnections@cityofchicago.org or phone (312) 744-3768

Sincerely,

Daniel Nederbo
Assistant Chief Plumbing Inspector



DEPARTMENT OF WATER MANAGEMENT
CITY OF CHICAGO

02/14/12

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Sincerely,

D. Nederbo

Daniel Nederbo
Assistant Chief Plumbing Inspector



DEPARTMENT OF WATER MANAGEMENT BACKFLOW PREVENTER TEST REPORT

PLUMBING INSPECTION DEPARTMENT PHONE 744-3768 FAX 744-3289

PERMIT # _____ ORIGINAL TEST
TIME 1200 PM A.M. DATE 11-19-10 DISTRICT _____ RETEST PASS FAIL
TEST KIT m=OWEST 835 CALIBRATION DATE 6-7-10
ADDRESS 111 S. MORGAN OWNER 111 MORGAN CONDO ASS.
CONTACT Blvle Glodetz PHONE 312 563-1618 FAX 312-563-1620
CONTRACTOR Weinberg Plumbing Co PHONE 773-821-4414
DEVICE= RP DC DCDA PVB SUPPLY PRESSURE 42 PSIG
MFR Amer. S SIZE 8 MODEL # 3001SS SERIAL # 101688
ON LINE TO FPL Pump
EXACT LOCATION Hump Room

	<u>CHECK VALVE #1</u>	<u>CHECK VALVE #2</u>	<u>RELIEF VALVE</u>
INITIAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	<input type="checkbox"/> OPENED @ _____ PSID/RP ZONE
	LEAKED <input type="checkbox"/> <u>4.0</u> PSID	LEAKED <input type="checkbox"/> <u>2.8</u> PSID	<input type="checkbox"/> DID NOT OPEN COMMENTS <input type="checkbox"/>
	COMMENTS <input type="checkbox"/>	COMMENTS <input type="checkbox"/>	
FINAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	<input type="checkbox"/> OPENED @ _____ PSID

	<u>CONTROL VALVE #1</u>	<u>CONTROL VALVE #2</u>	<u>TEST COCKS</u>
	TYPE _____ RW <input checked="" type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> COMMENTS <input type="checkbox"/>	TYPE _____ RW <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> COMMENTS <input type="checkbox"/>	<input type="checkbox"/> COMPLETE <input type="checkbox"/> MISSING # _____ <input type="checkbox"/> DAMAGED <input type="checkbox"/> COMMENTS
COMMENTS	<u>Do not test</u>		

CCCDI# XC 3747

PLUMBING LICENSE # 058-167842

CCDI NAME (PRINT) Robert J. Kupczak

SIGNATURE