



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 GRODETZ

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/RPZONE

☐ LEAKED

☐ LEAKED

☐ DID NOT OPEN

COMMENTS

COMMENTS

COMMENTS

FINAL TEST CLOSED TIGHT

CLOSED TIGHT

OPENED @ PSID

CONTROL VALVE #1

TYPE OS&Y

☐ RW

☒ CLOSED TIGHT

☐ LEAKED

CONTROL VALVE #2

TYPE OS&Y

☐ RW

☒ CLOSED TIGHT

☐ LEAKED

TEST COCKS

☒ COMPLETE

MISSING #

☐ DAMAGED

COMMENTS

COMMENTS DEVICE IS INSTALLED IN HORIZONTAL OR VERTICAL POSITION

TESTER

CCCDI #

PLUMBING LICENSE



Matthew F. Kuschel

XC 4462

058-195829

Matthew F. Kuschel

Michael A. Popp

XC 3845

058-165952

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.

Date Printed: 2/17/2012 11:54:40 AM

{At



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TIME 11:45 AM DATE 2/20/12

DISTRICT ☒ RETEST

PASS

FAIL

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CALIBRATION DATE 4/1/2011

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OWNER 111 S. MORGAN CONDO'S

CONTACT BRUCE GRODETZ

PHONE (847) 809-2644 FAX

CONTRACTOR Backflow Testing Services

PHONE (847) 669-1664

DEVICE = DC

SUPPLY PRESSURE (PSI) 45

☒ DOF ☐ B-P

MFR Ames SIZE 3/4" MODEL # 2000B

SERIAL # 24965

ON LINE TO Fire Protection

EXACT LOCATION Pump Room

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST CLOSED TIGHT 2.2

CLOSED TIGHT 2.5

OPENED @ PSID/RPZONE

☐ 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 Ball

TYPE Ball

☒ 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

Matthew F. Kuschel

☐ Michael A. Popp XC 3845

058-165952

Michael A. Popp

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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,

A handwritten signature in cursive script, appearing to read "D. Nederbo".

Daniel Nederbo
Assistant Chief Plumbing Inspector



DEPARTMENT OF WATER MANAGEMENT

CITY OF CHICAGO

02/14/12

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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+D WEST 835 CALIBRATION DATE 6-7-10
ADDRESS 111 S. MORGAN OWNER 111 MORGAN CONDO ASS.
CONTACT BRUCE ALDETZ 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 Am. S SIZE 8" MODEL # 300155 SERIAL # 101628
ON LINE TO FIRE PUMP
EXACT LOCATION Pump Room

	<u>CHECK VALVE #1</u>	<u>CHECK VALVE #2</u>	<u>RELIEF VALVE</u>
INITIAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>4.0</u> PSID	CLOSED TIGHT <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> <u>2.8</u> PSID	<input type="checkbox"/> OPENED @ _____ PSID/RP ZONE <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

CONTROL VALVE #1

TYPE _____
RW ☒
CLOSED TIGHT ☒
LEAKED ☐
COMMENTS ☐

CONTROL VALVE #2

TYPE _____
RW ☒
CLOSED TIGHT ☒
LEAKED ☐
COMMENTS ☐

TEST COCKS

☒ COMPLETE
☐ MISSING # _____
☐ DAMAGED
☐ COMMENTS

COMMENTS DO = TEST

CCCDI# XC 3747

PLUMBING LICENSE # 058-167842

CCDI NAME (PRINT) Robert J. Kupczak

SIGNATURE Rob Kupczak