

NYPSC ANNUAL IN-SERVICE SUBMETER TEST FORM

Please fill out this form completely. Use additional sheets if needed

DATE: 03/01/2017

BUILDING (PROPERTY MANAGEMENT):

STELLAR MANAGEMENT

CONTACT NAME: **ERIC ODEGAARD**

ADDRESS: **156 WILLIAM STREET, 10TH FL**

NEW YORK, NY 10038

TELEPHONE NUMBER: **212-843-3753**

EMAIL ADDRESS: **jpulla@stellarmanagement.com**

NAME(S) OF ANY THIRD PARTY(S)

CONDUCTING TESTING ON YOUR

BEHALF: **QUADLOGIC CONTROLS CORPORATION**

ADDRESS: **3300 NORTHERN BLVD. 2FL**

LONG ISLAND CITY, NY 11101

TELEPHONE: **212-930-9300**

EMAIL: **FIELDSERVICE@QUADLOGIC.COM**

METER TYPE [YOU MUST PROVIDE A

SEPARATE TEST PLAN FORM FOR

EACH UNIQUE METER TYPE (“TYPE”

INCLUDES MAKE, MODEL, GRADE,

CLASS AND SERIES)]: **MAKE= Intech 21;**

REVENUE GRADE;

PM 2104 (IN-UNIT APARTMENT METER) 5

BUILDING ADDRESS(ES) WHERE

THIS METER IS INSTALLED: 123-33 83rd Avenue,
Key Garden, NY 11415

SAMPLING METHOD USED: (CIRCLE ONE)

PERIODIC

SELECTIVE

VARIABLE

SATISTICAL

- a) List the number of all meters of this type in use for customer billing: 248
- b) List how many meters of this type will be excluded from your test program: N/A
Explain the reason(s) for exclusion (any excluded meter(s) should be subject to a remediation plan): N/A
- c) Number of meters included in test population (a – b): 248
- d) List the number of meters of this type to be tested: 10
Explain the basis for sample size. If you used a calculation to derive this number, show the calculation:
Variable Statistical Sampling based on actual meter count for the site
- e) Indicate the general location of this meter type in your building (e.g. apartments, meter room, etc.): INSIDE APARTMENTS
- f) Describe the meter test equipment that will be used:
Meters are send back to be tested in Intech 21 approved lab.

g) Describe your test schedule, including any planned testing dates, and expected date of completion: The test schedule is to be determined based on tenant/building access. All tests are scheduled to be completed by December 31st, 2015.

h) Please provide any relevant additional information: N/A