

NYC-DEP

## Form for Report on Test and Maintenance of Containment Backflow Prevention Assembly

Bureau of Water and Sewer Operations

Please use a separate form for each assembly

Initial Test

Complete entire form

Annual Test – For the Year 2023

Complete Parts A &amp; B Only

Part A- TO BE COMPLETED IN ALL CASES

Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	<u>Department Use Only</u>
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDGS 124		WILKINS		
FORT TOTTEN		Size & Serial # of Assembly	1" 1160396	
BAYSIDE, NY				
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL METER ROOM				

Part B- TO BE COMPLETED BY NYS CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER

Procedure	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure 60 psi
Test Before Repair	Pressure drop across first check valve, psi <u>N/A</u>	Leak Closed tight ( ) Closed tight (X)	( ) (X)	Opened at <u>N/A</u> psi Date: <u>8</u> / <u>22</u> / <u>2023</u>
	Leak Closed tight ( ) Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: <b>DANIEL VESSIO #1378</b> Name, Lic. # & Seal of Master Plumber. Date of Repair: <u>  </u> / <u>  </u> / <u>  </u>
Final test	Pressure drop across first check valve, psi <u>  </u>	Closed tight ( )	Opened at <u>  </u> psi Date: <u>  </u> / <u>  </u> / <u>  </u>	
	Closed tight ( )			
Water Meter Number: 09007842	Meter Reading: 00075.70	Completion Time of Test (e.g. 3:15 pm): 8:45AM	Type of Water Service/System (Please Check One): (X) Domestic ( ) Fire ( ) Combined ( ) IWM	

**Question 1:** Are there any connections between the point of entry and the backflow prevention assembly, or other deficiencies? **NO (X)** **YES ( )** \*If YES, please explain in detail in the space provided or on an additional paper.

**CERTIFICATION:** This assembly meets the requirements of an acceptable containment assembly at time of testing.  
I hereby certify the foregoing data to be correct.

Signature

8/23/23

Date

**CERTIFICATION:** This assembly does NOT meet the requirements.

Signature

/ /

DANIEL VESSIO

(718) 459 - 1223

921

06 / 30 / 25

PRINT NAME

Telephone No.

Certified Tester No.

Expiration Date

Part C- TO BE COMPLETED BY NYS PE OR RA

## 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.

NYC-DEP Backflow Prevention Assembly Approval #: 

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

PE/RA Printed Name: Company: Address: Telephone #: Signature, Seal & Date: Minor Installation Changes (describe): (Attach additional sheets if required) 

Part D – TO BE COMPLETED BY NYC LICENSED MASTER PLUMBER

Master Plumber's Certification: [ ] 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: Plumber's License #: Telephone #: Signature, Seal and Date: 

NOTE: Send one completed form, within 30 days of installation and initial testing, with original ink signatures and original ink or impressed seals to

NYC-DEP-BWSO, Cross-Connection Control Unit, 59-17 Junction Blvd., 3rd Fl. Low-Rise, Flushing, NY 11373