

# 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

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Annual Test – For the Year 2023

Complete Parts A & B Only

Part A- TO BE COMPLETED IN ALL CASES

|   |  |                |  |                             |         |                     |
|---|--|----------------|--|-----------------------------|---------|---------------------|
| Public Water Supply: NYC-DEP                                    |  | County: QUEENS |  | Block:                      | Lot:    | Department Use Only |
| Name & Address of Facility:                                     |  |                |  | Make & Model # of Assembly  |         |                     |
| US ARMY BLDGS 124   |  |                |  | WILKINS                     |         |                     |
| FORT TOTTEN   |  |                |  | Size & Serial # of Assembly |         |                     |
| BAYSIDE, NY   |  |                |  | 1"                          | 1160396 |                     |
| 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 N/A | Leak ( )<br>Closed tight (X) | Opened at N/A psi                             | Date: 8 / 22 / 2023   |
|   | Leak ( )<br>Closed tight (X)                    |                              |   |   |
| Describe repairs, parts and materials used. |   |                              |   | Name of Repairer:<br>DANIEL VESSIO #1378<br>Name, Lic. # & Seal of Master Plumber.<br>Date of Repair: / / |
| Final test                                  | Pressure drop across first check valve, psi     | Closed tight ( )             | Opened at psi                                 | Date: / /   |
|   | Closed tight ( )                                |                              |   |   |

|                                 |                            |   |  |
|---------------------------------|----------------------------|---|--|
| Water Meter Number:<br>09007842 | Meter Reading:<br>00075.70 | Completion Time of Test (e.g. 3:15 pm):<br>8:45AM | Type of Water Service/System (Please Check One):<br>(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.

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

Signature:  Date: 8 / 23 / 23

Signature: \_\_\_\_\_ Date: / /

DANIEL VESSIO (718) 459 - 1223  
PRINT NAME Telephone No.

921 06 / 30 / 25  
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

NYC - GEN215B

Rev 1/2019