

ASSET # 9399

**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

Part A- TO BE COMPLETED IN ALL CASES

Initial Test  
 Annual Test – For the Year 2021

Initial Test

Complete entire form

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	<b>Department Use Only</b>
Name & Address of Facility: US ARMY BLDG 124		Make & Model # of Assembly 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 65 psi
Test Before Repair	Pressure drop across first check valve, psi _____	Leak Closed tight ( ) Closed tight (X)	Opened at N/A psi	Date: 9 / 27 / 2021
	Leak Closed tight ( )			
Describe repairs, parts and materials used.				Name of Repairer: <b>DANIEL VESSIO #1378</b> Name, Lic. # & Seal of Master Plumber.
Final test	Pressure drop across first check valve, psi _____	Closed tight ( )	Opened at _____ psi	Date: 10 / 1 / 2021
	Closed tight ( )			
Water Meter Number: 09007842	Meter Reading: 00075.60	Completion Time of Test (e.g. 3:15 pm): 9:30AM	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]* *10/7/21*  
Signature Date

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

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

921 06 / 30 / 22  
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