

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

Part A- TO BE COMPLETED IN ALL CASES

Annual Test – For the Year 2023

Complete Parts A &amp; B Only

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		WATTS 709DCDA		
FORT TOTTEN		Size & Serial # of Assembly		
BAYSIDE, NY		6"	127522	
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL				

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)	Opened at <u>N/A</u> psi	Date: <u>8</u> / <u>22</u> / <u>2023</u>
	Leak ( )			
	Closed tight (X)			
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: _____ / _____ / _____
	Closed tight ( )			
Water Meter Number: 09007842	Meter Reading: 00087.10	Completion Time of Test (e.g. 3:15 pm): <u>8:00AM</u>	Type of Water Service/System (Please Check One): <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Combined <input type="checkbox"/> 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

Date

DANIEL VESSIO

(718) 459 - 1223

PRINT NAME

Telephone No.

921

06 / 30 / 25

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 &amp; 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