

**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

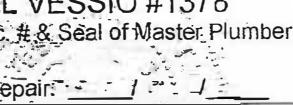
Complete entire form

Annual Test – For the Year 2021

Complete Parts A & 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 BLDG 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 50 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:  Date of Repair: 9 / 27 / 2021
Final test	Pressure drop across first check valve, psi _____ Closed tight ( )	Closed tight ( )	Opened at _____ psi	Date: 9 / 27 / 2021
Water Meter Number: 09007842	Meter Reading: 0002.12	Completion Time of Test (e.g. 3:15 pm): 9:00AM	Type of Water Service/System (Please Check One): <input type="checkbox"/> Domestic <input checked="" 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.

10/7/21  
Signature Date  
DANIEL VESSIO  
PRINT NAME (718) 459 - 1223 Telephone No.

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

Signature Date  
921 Certified Tester No. 06 / 30 / 22  
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