

# 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		WATTS 007M1		
FORT TOTTEN		Size & Serial # of Assembly		
BAYSIDE, NY		3/4"	74733	
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL BYPASS DEVICE				

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 ( ) Closed tight (X)	Leak ( ) Closed tight (X)	Opened at N/A psi	Date: 8 / 22 / 2023
Describe repairs, parts and materials used.				Name of Repairer: DANIEL VESSIO #1378 Name, Lic. # & Seal of Master Plumber: Date of Repair: / /
Final test	Pressure drop across first check valve, psi Closed tight ( )	Closed tight ( )	Opened at psi	Date: / /
Water Meter Number: 09007842	Meter Reading: 00087.10	Completion Time of Test (e.g. 3:15 pm): 8:30AM	Type of Water Service/System (Please Check One): ( ) Domestic (X) 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:  Date: 8/23/23

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

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