

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 2019

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 65 psi
Test Before Repair	Pressure drop across first check valve, psi _____	Leak Closed tight () Closed tight (X)	Opened at NA psi	Date: 9 / 11 / 19
	Leak () Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. VESSIO #1378 <input checked="" type="checkbox"/> 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: 00075.40	Completion Time of Test (e.g. 3:15 pm): 11:25 AM	Type of Water Service/System (Please Check One): <input checked="" 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.

Signature

9/11/19
DateDANIEL D. VESSIO
PRINT NAME(718) 459 - 1223
Telephone No.**CERTIFICATION:** This assembly does NOT meet the requirements.

Signature

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: **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

BACKFL
VALV
FRICT
STRENG
& ELA
CHARACT

UL CLA
ONLY IF
UL LIST

NY023-00124
Asset#9399 Backflow





NY058-00104
Asset#10328 Backflow