

**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

<b>Public Water Supply:</b> NYC-DEP	<b>County:</b> QUEENS	<b>Block:</b>	<b>Lot:</b>	<b>Department Use Only</b>
<b>Name &amp; Address of Facility:</b>		<b>Make &amp; Model # of Assembly</b>		
US ARMY		WILKINS		
FORT TOTTEN		<b>Size &amp; Serial # of Assembly</b>		
BAYSIDE, NY		1"	1160396	
<b>Location (Floor) of Assembly:</b> 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
<b>Test Before Repair</b>	Pressure drop across first check valve, psi _____ Leak ( ) Closed tight (X)	Leak ( ) Closed tight (X)	Opened at NA psi	Date: 9 / 11 / 19
<b>Describe repairs, parts and materials used.</b>				Name of Repairer: <b>DANIEL D. VESSIO #1378</b> Name, Lic. # & Seal of Master Plumber.  Date of Repair: ____ / ____ / ____
<b>Final test</b>	Pressure drop across first check valve, psi _____ Closed tight ( )	Closed tight ( )	Opened at ____ psi	Date: ____ / ____ / ____
<b>Water Meter Number:</b> 09007842	<b>Meter Reading:</b> 00075.40	<b>Completion Time of Test (e.g. 3:15 pm):</b> 11:45 AM	<b>Type of Water Service/System (Please Check One):</b> (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.

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

Signature:  Date: 9.11.19

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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



