

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 2019

Complete Parts A & B Only

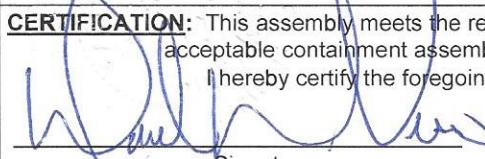
Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	<u>Department Use Only</u>
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDG 124		WATTS 007M1		
FORT TOTTEN BAYSIDE, NY		Size & Serial # of Assembly	3/4" 74733	
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL BYPASS DEVICE				

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 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): 11:00 AM	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	

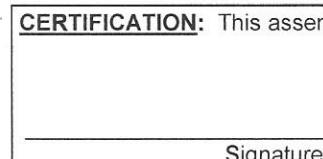
Question 1: Are there any connections between the point of entry and the backflow prevention assembly, or other deficiencies? NO (X) YES () If YES, please explain in detail in the space provided or on an additional paper.

CERTIFICATION: This assembly meets the requirements of an acceptable containment assembly at time of testing.
I hereby certify the foregoing data to be correct.


Signature 9/11/19
Date

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

CERTIFICATION: This assembly does NOT meet the requirements.


Signature _____/_____/_____
Date

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



NY023-00124
Asset#9401 Backflow

11160396

