

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 2020

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	Department Use Only
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDG 124		WATTS 007M1		
FORT TOTTON		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 50 psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak () Closed tight (X)	Leak () Closed tight (X)	Opened at NA psi	Date: 9 / 23 / 19
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. 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: 0002.10	Completion Time of Test (e.g. 3:15 pm): 09:15 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: _____ Date: 09 / 24 / 20

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

NYC - GEN215B

Rev 1/2019

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Complete entire form

Part A- TO BE COMPLETED IN ALL CASES

☒ Annual Test – For the Year 2020

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	Department Use Only
Name & Address of Facility: US ARMY BLDG 124		Make & Model # of Assembly 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 (X)	Leak () Closed tight (X)	Opened at NA psi	Date: 9 / 23 / 20
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. 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: 0002.10	Completion Time of Test (e.g. 3:15 pm): 08:55 AM	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: 09 / 24 / 20

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

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☐ Initial Test

Complete entire form

Part A- TO BE COMPLETED IN ALL CASES

☒ Annual Test – For the Year 2020

Complete Parts A & B Only


Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	Department Use Only
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDG 124		WILKINS		
FORT TOTTEN		Size & Serial # of Assembly		
BAYSIDE, NY		1"	1160396	
Location (Floor) of Assembly: 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 <u>60</u> psi
Test Before Repair	Pressure drop across first check valve, psi _____	Leak () Closed tight (X)	Opened at <u>NA</u> psi	Date: <u>9</u> / <u>25</u> / <u>20</u>
	Leak () Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. VESSIO #1378 Name, Lic. # & Seal of Master Plumber. Date of Repair: ____ / ____ / ____
Final test	Pressure drop across first check valve, psi _____	Closed tight ()	Opened at _____ psi	Date: ____ / ____ / ____
	Closed tight ()			
Water Meter Number: 09007842	Meter Reading: 00075.50	Completion Time of Test (e.g. 3:15 pm): 08:20 AM	Type of Water Service/System (Please Check One): <input checked="" type="checkbox"/> Domestic <input 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:  Date: 09 / 28 / 20

 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
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Part A- TO BE COMPLETED IN ALL CASES

☐ Initial Test

Complete entire form

☒ Annual Test – For the Year 2020

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	Department Use Only
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDG 118		FEBCO 825Y		
FORT TOTTON		Size & Serial # of Assembly		
BAYSIDE, NY		2"	AJ0433	
Location (Floor) of Assembly: GROUND FLOOR BOILER 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 50 psi
Test Before Repair	Pressure drop across first check valve, psi 9.3 Leak () Closed tight (X)	Leak () Closed tight (X)	Opened at 3.9 psi	Date: 9 / 22 / 20
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. 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: 15210187	Meter Reading: 0000412	Completion Time of Test (e.g. 3:15 pm): 08:00 AM	Type of Water Service/System (Please Check One): (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.

Signature: _____ Date: 09 / 23 / 20

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:
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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

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Building Department Number:
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Plumber's Printed Name: _____

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