

**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

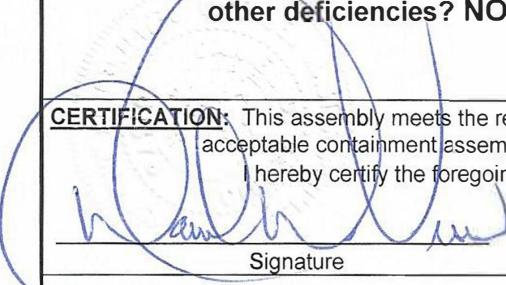
Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	<u>Department Use Only</u>
Name & Address of Facility: US ARMY BLDG 124		Make & Model # of Assembly WATTS 007M1		
FORT TOTTEN		Size & Serial # of Assembly 3/4" 74733		
BAYSIDE, NY				
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL BYPASS DEVICE				

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 ( ) Closed tight (X)	Opened at NA psi	Date: 9 / 23 / 19
	Leak Closed tight ( ) 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: 0002.10	Completion Time of Test (e.g. 3:15 pm): 09:15 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

09 / 24 / 20  
 Date

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

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

  
 Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

921  
 Certified Tester No.  
 06 / 30 / 22  
 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-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 2020

Complete Parts A &amp; 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 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 ( ) Closed tight (X)	Opened at NA psi	Date: 9 / 23 / 20
	Leak Closed tight ( ) Closed tight (X)			
Describe repairs, parts and materials used.				Name of Repairer: DANIEL D. VESSIO #1378 + 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: 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.

09 / 24 / 20  
Signature Date

DANIEL 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 &amp; 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





