

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

☒ Annual Test

For the Year 2022

Complete Parts A & B Only

Part A- TO BE COMPLETED IN ALL CASES

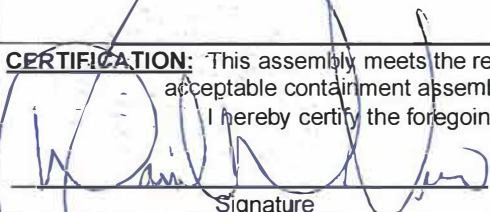
Public Water Supply: NYC-DEP	County: QUEENS	Block:	Lot:	Department Use Only
Name & Address of Facility:		Make & Model # of Assembly		
US ARMY BLDG 124		WILKINS		
FORT TOTTEN		Size & Serial # of Assembly		
BAYSIDE NY		1" 1160396		
Location (Floor) of Assembly: FIRST FLOOR SOUTH WALL METER ROOM				

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 55 psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak () Closed tight (X)	Leak () Closed tight (X)	Opened at N/A psi	Date: 08 / 30 / 2022
Describe repairs, parts and materials used.				Name of Repairer: DANIEL 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: 00075.650	Completion Time of Test (e.g. 3:15 pm): 8:45AM	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: 8/30/22

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

CERTIFICATION: This assembly does NOT meet the requirements.

Signature: _____ Date: ____ / ____ / ____

921 06 / 30 / 25
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

NYC-DEP-BWSO, Cross-Connection Control Unit, 59-17 Junction Blvd., 3rd Fl. Low-Rise, Flushing, NY 11373

NYC - GEN215B