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 _____. — **Complete Parts A & B Only**

Public Water Supply: NYC-DEP	**County:**	**Block:**	**Lot:**	**Department Use Only**
Name & Address of Facility: _____ _____ _____		**Make & Model # of Assembly**		
		Size & Serial # of Assembly		
Location (Floor) of Assembly:				

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** _____ psi
Test Before Repair	Pressure drop across first check valve, psi _____ Leak ( ) Closed tight ( )	Leak ( ) Closed tight ( )	Opened at _____ psi	Date: _____/_____/_____
Describe repairs, parts and materials used.				Name of Repairer: 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:	**Meter Reading:**	**Completion Time of Test** (e.g. 3:15 pm):	**Type of Water Service/System** (Please Check One): **( ) Domestic ( ) Fire ( ) Combined ( ) IWM**

Question 1: Are there any connections between the point of entry and the backflow prevention assembly, or other deficiencies? NO ( ) 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

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

_____ ____/____/____
Signature Date

_____ (____)_____-_____ _____ ____/____/____
PRINT NAME Telephone No. 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