

New York City Department of Environmental Protection
Bureau of Water and Sewer Operations

Form for Report on Test and Maintenance
of Backflow Prevention Device

Please use a separate form for each device

☒ Initial Test
☐ Annual Test - For the Year ____

Complete entire form

Part A - TO BE COMPLETED IN ALL CASES

Complete Part A & B Only

Public Water Supply: <u>DEP</u>	County: <u>BRONX</u>	Block: <u>4563</u>	Lot: <u>142</u>	Department Use Only
Name & Address of Facility: <u>Edwin Gould Services for Children & Families</u> <u>1268 ADEE AVE</u> <u>BRONX NEW YORK 10469</u>		Manufacturer & Model of Device: <u>WILLIAMS 975XL</u>		
Location of Device: <u>BASINMENT WATER METER LOCATION</u>		Size & Serial # of Device: <u>3/4" 3567710</u>		

Part B - TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE TESTER

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve (RPZ only)	Line Pressure <u>65</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>7.5</u> Leak () Closed tight (X)	Leak () Closed tight (X)	Opened at <u>2.5</u> psi	Date: <u>03/12/2013</u>
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: <u>52279181</u>	Meter Reading: <u>036031</u>	Completion Time of Test (e.g. 3:15 pm): <u>10:14 AM</u>	Type of Service (Please Circle One): <u>Domestic</u> Fire Combined	

Question 1: Are there any connections between the point of entry and the backflow preventer, or other deficiencies? *If YES, please explain in detail in the space provided or on an additional paper.

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

CERTIFICATION: This device does NOT meet the requirements.

Signature: JUNIOR CARTER Date: 03/13/13
PRINT NAME Telephone No. 718-231-8600

Signature: _____ Date: ____/____/____
Certified Tester No. 6892 Expiration Date 12/31/14

Part C - TO BE COMPLETED BY PROFESSIONAL OR REG. ARCHITECT

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.

Water Supplier Approval #: 12037737

[] I am the Designer of Record. (X) I am NOT the Designer of Record.

PE/RA Printed Name: 15343

Company: Ann Fabrizio Architect

Address: 1235 84th St BK PC

Telephone #: 718-745-1572 11228

Signature, Seal & Date: Amgar

Minor Installation Changes (describe):

Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: I am (X) am NOT the Licensed Master Plumber of Record. I hereby certify this installation is in accordance with the Building Code.

Building Department Number: (Use Sticker)

DEPT BLDGS 220158326 Job Number
SC222830478 Scan Code

Plumber's Printed Name: JUNIOR CARTER

Plumber's License #: 1709

Telephone #: 718-231-8600

Signature, Seal and Date: 03-13-13

NOTE: Send one completed form with original ink signatures and original ink or impression of seal to the Department of Environmental Protection, Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, Jamaica, NY 11435.

NYC GEN215B Revised (6/08)

Division of Permitting & Inspections, Cross Connection Control Unit, 59-17 Junction Boulevard, Jamaica, NY 11435

DEPT BLDGS 220158326 Job Number
SC220150963 Scan Code

INSTRUCTION FOR COMPLETION OF
"Report on Test and Maintenance of Backflow Prevention Device"
(FORM GEN-215B)

Use a separate form for each device
Initial Test and Certification: complete all 4 parts
Annual Re-Certification: complete parts A and B only

Part A: To be completed in ALL cases:

Part B: Certified Backflow Prevention Device Tester must fill out this portion in all cases:

- Be sure to answer Question 1. If the answer is "YES", explain in the space provided. A connection for a properly installed and certified parallel device should not be construed as a connection. Hose cocks and spigots must be considered as connections. Tees must be considered as outlets unless they have been PERMANENTLY plugged or sealed. (Tees may be plugged by welding on blank flanges or by screwing in a plug and cutting the plug off flush with the face of the tee.) Plugged tees will only be acceptable for old work. Tees on the street side of the backflow preventer will not be allowed on new jobs. Risers, feeds to boilers and the like must be construed as connections.
- Indicate INITIAL TEST or Re-CERTIFICATION by checking the appropriate choice.
- Then clearly print, type or rubber stamp: **Name, Certified Tester # and Certified Tester Expiration Date**
- Include the line pressure (taken at number 1 test cock with shutoff valve number 1 closed).
- Include the pressure drop across the first check valve (the pressure differential between the second and the third test cocks).
- Completion time of test refers to the time of day (e.g. 8:00 am).
- If there is no water meter, indicate this on the form.

Part C: Complete for INITIAL TEST only!

The Professional Engineer or Registered Architect (PE/RA) must complete Part C.

- Be sure to fill in the "Water Supplier Approval #:"
- Check whether you are the designer of record or not.
- Indicate minor changes if there are any. Use back or additional pages as required. Indicate "See Back" or "See Additional Pages" as appropriate. If a device different than the approved device is used, the PE or RA must specify that the submission is acceptable and will not cause any adverse hydraulic effects.

If the installation changes meet DEP requirements while deviating from the approved plans, the job may be resubmitted for re-approval or an As-built Record Drawing may be submitted.

When the installation deviates from the approved plans and required minimums are not satisfied, the job should **NOT** be certified.

Part D: To be completed by the Licensed Master Plumber. Be sure to fill in the following:

- The Building Department Number (ARA #, ALT#, NB#, etc.). Use of sticker is preferred.
- Check whether you are the Licensed Master Plumber of record or not.
- Licensed Master Plumber's Name.
- Licensed Master Plumber's License #.
- Licensed Master Plumber's Telephone Number.

Original Ink Signature, raised impression Seal of Licensed Master Plumber and Date

The tester, the PE or RA and the Licensed Master Plumber should all sign the same form for each particular device.

For each of the completed forms, USE ORIGINAL INK SIGNATURES & ORIGINAL INK OR RAISED IMPRESSION SEALS.

Mail one completed Form to: Department of Environmental Protection
Division of Permitting & Connections
Cross Connection Control Unit
59-17 Junction Boulevard, 3rd Fl. Low-Rise
Corona, NY 11368