

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
Complete Part A & B Only

Part A - TO BE COMPLETED IN ALL CASES

Public Water Supply: NYCDEP	County: Richmond	Block: 2849	Lot: 32	Department Use Only
Name & Address of Facility: Vermont Realty Holding Corp. 160 Vermont Avenue Staten Island, New York 10305		Manufacturer & Model of Device: Watts 007 M2QT DCV		
		Size & Serial # of Device: 1 1/2" 003375		
Location of Device: Front portion of building, basement.				

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 82 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: 2014 MAY 28
Final test	Pressure drop across first check valve, psi 2/ ✓ Closed tight ✓	Closed tight (✓)	Opened at _____ psi	Date: 4.9.14
Water Meter Number: 1106279	Meter Reading: 0000101	Completion Time of Test (e.g. 3:15 pm): 3:15 PM	Type of Service (Please Circle One) Domestic Fire <u>Combined</u>	

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.

all

NONE

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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.

Barbara Bozza 4.9.14
Signature Date

Barbara Bozza (718) 351-2225
PRINT NAME Telephone No.

CERTIFICATION: This device does NOT meet the requirements.

Signature Date
9551 04 / 30 / 15
Certified Tester No. Expiration Date

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 certify that it is in accordance with the approved plans.

Water Supplier Approval #: 10355440

[] I am the Designer of Record. [x] I am NOT the Designer of Record.

PE/RA Printed Name: *John S. Bozza*

Company: *Bozza Engineering*

Address: *150 Richmond St. Staten Island, NY 10304*

Telephone #: *(718) 351-2225*

Signature, Seal & Date: *John S. Bozza*

Minor Installation Changes (describe): *change in device will not have an adverse hydraulic effect on the facility*
Attach additional sheets if required.

Part D - TO BE COMPLETED BY MASTER PLUMBER

Master Plumber's Certification: [x] I am [] I am NOT the Licensed Master Plumber of Record. I have accordance with the B.

Building Department Number: (Use Sticker)

Plumber's Printed Name: *John S. Bozza*

Plumber's License #: *1846*

Telephone #: *(718) 351-2225*

Signature, Seal and Date: *John S. Bozza* 4/9/14

NOTE: Send one completed form with original ink signatures and original ink or impressed seals to NYC Department of Environmental Protection, Division of Permitting & Connections, Cross Connection Control Unit 59-17 Junction Boulevard, 3rd Fl. Low-Rise, Corona, NY 11368 within 30 days of installation and initial testing.

NYC GEN215B Revised 03/29/04



DEPT. BLDGS 520083276 Job Number



SC521011088 Scan Code