

NYC-DEP

DEPT OF BLDGS 520090197

Job Number

ES633565798

Scan Code

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 2024

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County: richmond	Block: 6724	Lot: 90	Department Use Only
Name & Address of Facility:		Make & Model # of Assembly		
carmelo home improvement		watts LF007 m1qt		
91 waterbury ave		Size & Serial # of Assembly		
staten island, new york 10309		2" 017272		
Location (Floor) of Assembly: cellar				

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 72 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 (x)	Closed tight (x)	Opened at _____ psi	Date: 04 / 25 / 2024
Water Meter Number: 13-034109	Meter Reading: 0022959.9	Completion Time of Test (e.g. 3:15 pm): 10:00 am	Type of Water Service/System (Please Check One): () Domestic () Fire (x) 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

04 / 25 / 24
Date

MATTHEW ROMAGNUOLO

PRINT NAME

(718) 273 - 2009

Telephone No.

9199

Certified Tester No.

06 / 30 / 26

Expiration Date

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 #:

22093150

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

PE/RA Printed Name: JEFFREY GEARY

Company: AVID ARCHITECTURE, PLLC

Address: 7513 AMBOY ROAD, SI NY 10307

Telephone #: 718-227-3724

Signature, Seal & Date:

4.25.2024

Minor Installation Changes (describe): (Attach additional sheets if required)

Part D – TO BE COMPLETED BY NYC LICENSED MASTER PLUMBER

Master Plumber's Certification: [X] 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)

DEPT BLDGS Job No. 520090197

Scan Code ESHS2601614

Plumber's Printed Name: MATTHEW ROMAGNUOLO JR.

Plumber's License #: 2154

Telephone #: 718-273-2009

Signature, Seal and Date:

4/25/24

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 - GEN215B

Rev 1/2019