

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

Part A- TO BE COMPLETED IN ALL CASES

Annual Test – For the Year _____

Complete Parts A & B Only

Public Water Supply: NYC-DEP	County:	Block:	Lot:	<u>Department Use Only</u>
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 ()	Opened at _____ psi	Date: ____/____/____
	Leak () Closed tight ()			
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 ()	Opened at _____ psi	Date: ____/____/____
	Closed tight ()			
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: _____

INSTRUCTION FOR COMPLETION OF
“Report on Test and Maintenance of Containment Backflow Prevention Assembly”
(FORM GEN215B)

Use a separate form for each particular assembly

Indicate Initial Test or Annual Test by checking the appropriate choice.

Initial Test and Certification: Complete all 4 parts.

Annual Test/Re-Certification: Complete parts A and B only

Please follow these tips to have the form completed:

Part A: To be completed in ALL cases for the current address, block and lot #s, the tested BFP assembly (make, model # in full, size and serial #) and actual location of the tested assembly (floor/level, vault, hot box) along with a specific location (meter/boiler/pump room, store, garage, etc.), if any.

Part B: NYS Certified Backflow Prevention Assembly Tester shall fill out this portion in ALL cases:

- 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).
- Include the condition of check valves # 1 and 2.
- Describe repairs, parts and materials used, replacement of assembly and details of procedures. If any, complete Final Test.
- Indicate the water meter# (8 digits) and reading.
- Completion time of test refers to the time of day (e.g. 8:00 am) and test date.
- Check actual type of the water service/system (Internal Water Main “IWM”).
- Be sure to answer (check) Question 1. If the answer is “YES”, explain in the space provided. A connection for a properly installed and certified parallel assembly should not be construed as a connection. Hose cocks and spigots shall be considered as connections. Tees/ells shall be removed completely and hard pipe. Cross-connections upstream of the assemblies are prohibited except otherwise allowed and approved for the parallel assemblies’ installations.

Then, **clearly print, type or rubber stamp:** Date, Name, Phone #, Certified Tester # and Certified Tester Expiration Date.

Part C: Complete for Initial Test Report only!

The NYS Licensed Professional Engineer or Registered Architect (PE/RA) shall complete Part C. Be sure to fill in the following:

- The “NYC-DEP Backflow Prevention Assembly Approval #”.
- Indicate whether being the designer of record or not.
- Indicate minor changes, if any. Use back or additional pages as required. Indicate “See Back” or “See Additional Pages” as appropriate. If an equivalent make and model # of assembly is used, the PE or RA shall certify that the submission is acceptable and will not cause any adverse hydraulic effects on the water system. Also satisfy the submersion calculations (for RPZ/RPD assemblies only, if installed below grade level).
 - If the installation changes meet DEP requirements while deviating from the approved plans, the job shall be resubmitted for re-approval or an as-built plans shall be submitted to legalize the on-site condition/discrepancy.
 - When the installation deviates from the approved plans and minimum requirements are not satisfied, the job should NOT be certified.

Part D: NYC Licensed Master Plumber shall complete Part D. Be sure to fill in the following:

- Indicate whether being the Licensed Master Plumber of record or not
- The Department of Buildings Number (ARA #, ALT #, NB #, LAA #, etc.). Use of sticker is preferred.
- 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 & Date.

Notes: The PE/ RA, Licensed Master Plumber & Certified Tester shall sign the same form for each particular assembly.

For each completed form, USE ORIGINAL INK SIGNATURES & ORIGINAL INK OR RAISED IMPRESSION SEALS.

Mail one completed form to: NYC-DEP-BWSO

Division of Connections and Permitting
Cross-Connection Control Unit
59-17 Junction Boulevard, 3rd Fl. Low-Rise,
Flushing, NY 11373-5108

➤ Refer to “NEW YORK CITY CROSS-CONNECTION CONTROL PROGRAM HANDBOOK”, latest version on DEP web site.