

NYC-DEP
 Bureau of Water and Sewer Operations
 Please use a separate form for each device

Form for Report on Test and Maintenance of Backflow Prevention Device

Part A- TO BE COMPLETED IN ALL CASES

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Initial Test

Complete All Parts for Initial Test

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Annual Test

Complete Part A & B Only for Annual Test

Public Water Supply: NYC-DEP	County:	Block:	Lot:	<u>Department Use Only</u>
Name & Address of Facility:		Make & Model of Device:		
		Size & Serial # of Device:		
Location (Floor) of Device:				

Part B- TO BE COMPLETED BY CERTIFIED BACKFLOW PREVENTION DEVICE 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 ()	Opened at _____ psi	Date: ____/____/____
	Leak ()	Closed tight ()		
	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 Service (Please Circle One):
			<input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Combined <input type="checkbox"/> IWM

Question 1: Are there any connections between the point of entry and the backflow prevention device, or other deficiencies? NO () YES () *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 time of testing. I hereby certify the foregoing data to be correct.

_____/____/____
 Signature Date

CERTIFICATION: This device 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 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.

NYC-DEP Backflow Prevention Device 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/or testing**, with original ink signatures and original ink or impressed seals to NYC DEP, Division of Connection & Permitting, Cross Connection Control Unit, 59-17 Junction Blvd., 3rd Fl. Low-Rise, Flushing, NY 11373

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

Use a separate form for each device

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

Part A: To be completed in ALL cases for the current address, block and lot #s, the tested device and exact location of the tested device (floor/level).

Part B: Certified Backflow Prevention Device Tester must 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).
- Describe repairs, parts and materials used, replacement and details of procedures (if any).
- Indicate the water meter # and reading.
- Completion time of test refers to the time of day (e.g. 8:00 am) and test date.
- Circle actual type of the water service.
- 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 removed completely and hard-pipe. Cross connections upstream of the devices are prohibited except otherwise allowed and approved for the parallel devices' installations.
- Then **clearly print, type or rubber stamp**: Date, Name, Phone #, Certified Tester # and Certified Tester Expiration Date.

Part C: Complete For INITIAL TEST Only!

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

- Be sure to fill in the **"NYC-DEP Backflow Prevention Device Approval #"**
- Indicate whether you are 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 a different make and model # of device is used, the PE or RA must certify that the submission is acceptable and will not cause any adverse hydraulic effects on the system. Also satisfy the submersion calculations (for RPZ devices only).
- 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 plans may be submitted to legalize the on-site condition.
- When the installation deviates from the approved plans and minimum requirements are not satisfied, the job should NOT be certified.

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

- Check whether you are the Licensed Master Plumber of record or not
- The Building Department 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.

The PE or RA & 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:

NYC Department of Environmental Protection

Division of Connections and Permitting

Cross Connection Control Unit

59-17 Junction Boulevard, 3rd Fl. Low-Rise, Flushing, NY 11373-5108