**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*

**Part A – TO BE COMPLETED IN ALL CASES**

<table>
<thead>
<tr>
<th>Public Water Supply: NYC-DEP</th>
<th>County:</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Check Valve No. 1</th>
<th>Check Valve No. 2</th>
<th>Differential Pressure Relief Valve (RPZ only)</th>
<th>Line Pressure ______ psi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Before Repair</td>
<td>Pressure drop across first check valve, psi _____</td>
<td>Leak ( )</td>
<td>Closed tight ( )</td>
<td>Opened at _____ psi</td>
</tr>
<tr>
<td>Describe repairs, parts and materials used.</td>
<td>Name of Repairer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name, Lic. # &amp; Seal of Master Plumber.</td>
<td>Date of Repair: _____ / _____ / _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final test</td>
<td>Pressure drop across first check valve, psi _____</td>
<td>Closed tight ( )</td>
<td>Opened at _____ psi</td>
<td>Date: _____ / _____ / _____</td>
</tr>
</tbody>
</table>

**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

__________________________ / _____ / _____

Signature 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 #:

[ ] 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 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
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
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.