

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

☐ Initial Test

Complete entire form

☒ Annual Test – For the Year 2023

Complete Parts A & B Only


Public Water Supply: NYC-DEP	County: 2 - Bronx	Block: 5141	Lot: 20	Department Use Only
Name & Address of Facility: TROY CMBS PROPERTY, 300 Baychester Avenue Bronx, NY 10475		Make & Model # of Assembly Febco 805Y		
		Size & Serial # of Assembly 3/4" AM3979		
Location (Floor) of Assembly: First Floor				

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 <u>65</u> psi
Test Before Repair	Pressure drop across first check valve, psi <u>3.4</u> Leak () Closed tight (X)	Leak () Closed tight (X) Closed Tight	Opened at _____ psi	Date: 11/28/23
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 ()	Closed tight ()	Opened at _____ psi	Date: ____/____/____
Water Meter Number: 48751481	Meter Reading: 003567	Completion Time of Test (e.g. 3:15 pm): 1:42 PM	Type of Water Service/System (Please Check One): () Domestic (X) Fire () 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 Date 11/28/23

Athanasios Lymberatos

PRINT NAME

888-315-3569

Telephone No.

15190

Certified Tester No.

07/31/2026

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 [X] 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: Keith Cohen

Plumber's License #: 1583

Telephone #: 516-523-6241

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