

# Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2022

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County	Block	Lot												
Facility Name <u>Sgt Horace D Bradt USARC</u>		Location of Device <u>138</u>																
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>																		
Street City Zip																		
Device Information	Manufacturer <u>Wilkins</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>375 A</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>X27961</u>													
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>50</u> psi												
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2-8</u> psid		Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>3</td><td>2</td><td>2</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>	0	9	1	3	2	2	M	D	Y			
	0	9	1	3	2	2												
M	D	Y																
Pressure drop across first check valve <u>7.6</u> psid		<u>3.2</u> psid																
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>								M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		Opened at _____ psid		Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>							M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> 9 Domestic <input type="checkbox"/> 9 Fire <input type="checkbox"/> 9 Other _____														

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable containment device at the time of testing  
I hereby certify the foregoing data to be correct.  
John E. Cimino 8839 08 31 / 2025  
Print Name Certified Tester No. Signature Expiration Date

Property owners (or owner's agent) certification that test was performed:  
Michael Burdick HVAC Tech 347 229-8690  
Print Name Title Signature Telephone

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ( )	m d y	
Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature			

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

# Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2022

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County	Block	Lot												
Facility Name <u>Sgt Horace D Bradt USARC</u>				Location of Device <u>138</u>														
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>																		
Street		City		Zip														
Device Information	Manufacturer <u>Wilkins</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975x12</u>	Size (in inches) <u>1</u>	Serial Number <u>3812398</u>													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>40</u> psi														
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.0</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>3</td><td>2</td><td>2</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>			0	9	1	3	2	2	M	D	Y			
	0	9	1	3	2	2												
M	D	Y																
Pressure drop across first check valve <u>2.4</u> psid		<u>2.2</u> psid																
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>									M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>									M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> Other _____														
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)																		
Certification: This device <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct. <u>8839</u> Print Name <u>John E. Cimino</u> Certified Tester No. <u>8839</u> Signature <u>[Signature]</u> Expiration Date <u>08 31 2025</u>																		
Property owner's (or owner's agent) certification that test was performed: Print Name <u>Michael Burdick</u> Title <u>MVA Tech</u> Signature <u>[Signature]</u> Telephone <u>(315) 229-8690</u>																		

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.						
Name		Title		Date		NYS DOH Log #
License Number		Phone ( )		m d y		
Representing		Describe minor installation changes				
Address						
City	State	Zip				
Signature						

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)

# Report on Test and Maintenance of Backflow Prevention Device

## PART A

Please use a separate form for each device.

For the year 2022

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County Schenectady	Block	Lot
Facility Name <u>Sgt Horace D Bradt USARC</u>				Location of Device <u>244</u>		
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>						
Street		City		Zip		
Device Information	Manufacturer Wilkins/Zurn	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975x12	Size (in inches) 1	Serial Number 3812399	
Test before repair	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>40</u> psi		
	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>9.5</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>3.6</u> psid	Opened at <u>2.4</u> psid	Date <u>09</u> <u>13</u> <u>22</u> M D Y		
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <u>  </u> <u>  </u> <u>  </u> M D Y		
				Date <u>  </u> <u>  </u> <u>  </u> M D Y		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>  </u> <u>  </u> <u>  </u> M D Y		
	Pressure drop across first check valve _____ psid					
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> Other _____		

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable containment device at the time of testing  
I hereby certify the foregoing data to be correct.  
John E. Cimino 8839 Signature [Signature] Expiration Date 08 31 2025

Property owner's (or owner's agent) certification that test was performed:  
Michael Burdick Title HRAC Tech Signature [Signature] Telephone 347 229-8670

## PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ( )	m d y	
Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature			

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

# Report on Test and Maintenance of Backflow Prevention Device

**PART A**

Please use a separate form for each device.

Fontface year 2022

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County Schenectady	Block	Lot												
Facility Name <u>Sgt Horace D Bradt USARC</u>				Location of Device <u>1112</u>														
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>																		
Street		City		Zip														
Device Information	Manufacturer Wilkins/Zurn	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975x12	Size (in inches) 2	Serial Number 3806895													
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>50</u> psi												
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>3.8</u> psid		Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>3</td><td>2</td><td>2</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>	0	9	1	3	2	2	M	D	Y			
	0	9	1	3	2	2												
M	D	Y																
Pressure drop across first check valve <u>9.8</u> psid		<u>2.8</u> psid																
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>								M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		Opened at _____ psid		Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>							M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number 70284674		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____														

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable containment device at the time of testing  
I hereby certify the foregoing data to be correct.

John E. Cimino 8839  
Print Name Certified Tester No. Signature Expiration Date 08/31/2025

Property owner's (or owner's agent) certification that test was performed:  
Michael Burdick HVAC Tech  
Print Name Title Signature Telephone 317.229.8690

**PART B**

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ( )	m d y	
Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature			

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

# Report on Test and Maintenance of Backflow Prevention Device

## PART A

Please use a separate form for each device.

For the year 2022

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County Schenectady	Block	Lot												
Facility Name <u>Sgt Horace D Bradt USARC</u>				Location of Device <u>1112</u>														
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u> Street City Zip																		
Device Information	Manufacturer Wilkins/Zurn	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975x12	Size (in inches) 1	Serial Number 3780539													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>210</u> psi														
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.8</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>3</td><td>2</td><td>2</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>			0	9	1	3	2	2	M	D	Y			
	0	9	1	3	2	2												
M	D	Y																
Pressure drop across first check valve <u>8.8</u> psid		<u>1.4</u> psid																
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>									M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>									M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____														

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable containment device at the time of testing  
I hereby certify the foregoing data to be correct.  
John E. Cimino 8839 John E. Cimino 08 31 / 2025  
Print Name Certified Tester No. Signature Expiration Date

Property owner's (or owner's agent) certification that test was performed:  
Michael Burdick MVA Tech Michael Burdick (347) 229-8690  
Print Name Title Signature Telephone

<b>PART B</b>		Certification that installation is in accordance with the approved plans.		(To be completed by the design engineer or architect or water supplier.)	
I hereby certify that this installation is in accordance with the approved plans.					
Name	Title	Date	NYS DOH Log #		
License Number	Phone ( )	m d y			
Representing	Describe minor installation changes				
Address					
City State Zip					
Signature					

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.