

# 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>		Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>		Location of Device <u>138</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	
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	
	Pressure drop across first check valve <u>7-6</u> psid		<u>3-2</u> psid			
						Line Pressure <u>50</u> psi
						Date <u>09 13 22</u>
						M D Y
						Repaired by Name _____ Lic # _____
						Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Final test		Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid
		Pressure drop across first check valve _____ psid				Date <u>09 13 22</u>
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u> _____		

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. 8839

Print Name

Certified Tester No.

Signature

08 31 / 2025  
Expiration Date

Property owner's (or owner's agent) certification that test was performed:

Michael Burkhardt  
Print Name

HVAC Tech.  
Title

10  
Signature

347829-8690  
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.

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>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>975xI2</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 <u>09 13 22</u> M D Y	
	Pressure drop across first check valve <u>7.4</u> psid	<u>2.2</u> psid				
Describe repairs and materials used					Repaired by Name _____ Lic # _____	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <u>  </u> <u>  </u> <u>  </u> M D Y	
Water Meter Number	Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> Other _____			

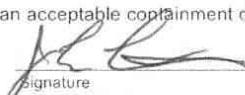
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

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. 8839

Print Name

Certified Tester No.

  
Signature

08 31 2025  
Expiration Date

Property owner(s) or owner(s) agent certification that test was performed:

Michael Burdick  
Print Name

MVAC Tech  
Title

  
Signature

347229-8690  
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.

DOH- 1013(9/91)

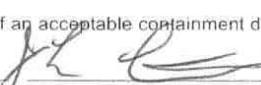
# Report on Test and Maintenance of Backflow Prevention Device

## 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 Bratt 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	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
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>2.4</u> psid	
	Pressure drop across first check valve <u>9.5</u> psid		<u>3.6</u> psid		Date <u>09 13 22</u> M D Y	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	
Pressure drop across first check valve _____ psid						Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Water Meter Number		Meter Reading		Type of Service: (check one) 9 Domestic 9 Fire 9 Other _____		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
<p>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</p> <p>I hereby certify the foregoing data to be correct.</p> <p><u>John E. Cimino</u>  <span style="float: right;"><u>08 31 / 2025</u></span></p> <p>Print Name <u>John E. Cimino</u> Certified Tester No. <u>8839</u> Signature <span style="float: right;">Expiration Date</span></p>						
<p>Property owner(s) (or owner's agent) certification that test was performed:</p> <p><u>Michael Burdick</u>  <span style="float: right;"><u>377-229-8680</u></span></p> <p>Print Name <u>Michael Burdick</u> Title <u>HVAC Tech</u> Signature <span style="float: right;">Telephone</span></p>						

## 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NYS DOH Log # <input type="text"/>
License Number	Phone ( )	m <input type="text"/> d <input type="text"/> y <input type="text"/>	
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

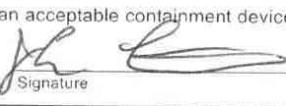
Please use a separate form for each device.

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 <u>Wilkins/Zurn</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975x12</u>	Size (in inches) <u>2</u>	Serial Number <u>3806895</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>3.8</u> psid <u>2.8</u> psid	Date <u>09 13 22</u> M D Y		
	Pressure drop across first check valve <u>9.8</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>08 13 22</u> M D Y		
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>70284674</u>	Meter Reading		Type of Service: (check one) <u>9 Domestic 9 Fire 9 Other</u>			

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 347229-8690

PART B Certification that installation is in accordance with the approved plans.

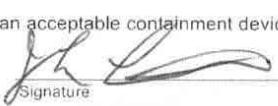
(To be completed by the design engineer or architect or water supplier.)

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 <u>2022</u>												
						<input type="checkbox"/> Initial test - Complete entire form	<input checked="" type="checkbox"/> 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 <u>Wilkins/Zurn</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975x12</u>	Size (in inches) <u>1</u>	Serial Number <u>3780539</u>													
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>70</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></tr><tr><td>M</td><td>D</td><td>Y</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></tr><tr><td>M</td><td>D</td><td>Y</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. John E. Cimino <u>8839</u>  Print Name _____ Certified Tester No. _____ Signature _____ Date <u>08/31/2025</u> Expiration Date _____																		
Property owner's (or owner's agent) certification that test was performed: <u>Michael Burdick</u> <u>MVAC Tech</u>  Print Name _____ Title _____ Signature _____ Telephone <u>347229-8690</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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>d</td><td>y</td><td colspan="2"></td></tr></table>						m	d	y			NYS DOH Log #				
m	d	y																
License Number	Phone ( )																	
Representing		Describe minor installation changes																
Address																		
City	State	Zip																
Signature _____																		