

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2018
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply <u>City of Ithaca</u>	Account No.	County <u>Tompkins</u>	Block	Lot
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Facility Name <u>Reynold J King USARC</u>	Location of Device <u>Boiler Room</u>
Address <u>101 Sunrise Rd Ithaca</u>	Street <u>City</u> Zip <u>14850</u>

Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009M3</u>	Size (in inches) <u>3/4</u>	Serial Number <u>377444</u>
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>80</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</u> psid	Date <u>02 28 18</u> M D Y
	Pressure drop across first check valve <u>15</u> psid				
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	Date <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
	Pressure drop across first check valve _____ psid				
Water Meter Number <u>32341531</u>	Meter Reading <u>3505 cuft</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other <u>Boiler make up</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. Adam Jones 8353 Adam Jones 7/31/2018
 Print Name Certified Tester No. Signature Expiration Date

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

John F. Granata AFOS John F. Granata 585 944 9094
 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.)
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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 _____					