

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year _____ <input type="checkbox"/> Initial test - Complete entire form <input type="checkbox"/> Annual test - Complete Part A only		
Public Water Supply Village of Penn Yan		Account No. 1234567890		County Yates	Block	Lot	
Facility Name Army Reserve Center , Address 198 Cornwall Rd Penn Yan NY		Location of Device Boiler Rooms					
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909	Size (in inches) 2"	Serial Number 454440		
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure _____ 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 2.6 psid		Date 03 13 18 M D Y
	Pressure drop across first check valve 15 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
	Pressure drop across first check valve _____ psid						
Water Meter Number 95624234		Meter Reading 1220900		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic • Fire • 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. Adam Jones 0353 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) 620-5314 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 _____							