

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY 58

Date of Visit: 9/22/22

Location Address: SHORTHAM NY

Contractor Personnel on Site:

MEKE, JACK

Work Performed: 2022 BACKFLOW INSPECTION

Service Calls – PO/CSS#

PM

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WORM

Date: 9/22/22

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: LOUIS CARRASO RFO S Date: SEP 23, 2022

Signed: [Signature]

Email: LOUIS.CARRASO.CIV@ARMY.MIL

Commerical - Residential
Licensed Master Plumber
NYS Certified Testers

CUSTOMER INVOICE

63 Greeley Ave., Sayville, NY 11782-2604
Tel: 631-567-8382 Fax: 631-567-5919

DELIVERED SEP 22 2022
www.backflowspecialists.com
info@backflowspecialists.com

Location Name:

Name <i>US Army Reservess</i>		Service Date: <i>9/21/22</i>	
Street Address <i>200 Rake 25A</i>		Tech Name: <i>MKB</i>	
City State Zip <i>Shordam</i>		WO#	
Contact Name		Contact Tel	()
Terms Due Upon Receipt			

TEST RESULTS SUBMITTED TO AUTHORITIES UPON RECEIPT OF PAYMENT.

We performed the following backflow device testing:

	Mfg	RPZ	DCV	Model	Size	Serial #	Pass	Fail	Pressure Drop 1st Ck	Diff. Press. RV-Open'd	Line PSI	Price
1)	Wilkins	Y		P1541	2	3425565	X		9.0	2.2	58	
	Meter #:			Reading:			Location:					
2)	LAHS	Y		P89	3	190657	Y		7.8	2.2	56	
	Meter #:			Reading:			Location:					
3)	Wilkins	Y		375	6	L58504	X		8.0	2.4	70	
	Meter #:			Reading:			Location:					
4)	Wilkins	Y		375	6	L96130	Y		9.2	2.4	70	
	Meter #:			Reading:			Location:					
5)												
	Meter #:			Reading:			Location:					
Subtotal											\$	

We performed the following repairs:

Remarks:		Subtotal	\$
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Remarks:

	Sales Tax		\$
	Pay This Amount		\$
	Received by:		

BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.

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