

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year <u>2023</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
	Public Water Supply VILLAGE OF PEN		Account No. NY052	County YATES	Block	Lot
Facility Name TEC 3 Olaf A. Frederiksen USARC Address 198 Coornwell ST. Pen Yan, NY 14527 Street City Zip				Location of Device Boiler room under window		
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909M1QTRP	Size (in inches) 2	Serial Number 454440	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>0</u> psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at <u>2.4</u> psid	
	Line Pressure <u>81</u> psi		Date <u>04</u> <u>25</u> <u>23</u> M D Y			
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <u> </u> <u> </u> <u> </u> M D Y	
	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) <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 <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. Patrick Brown <u>12561</u> Print Name Certified Tester No. Signature <u>[Signature]</u> Expiration Date <u>06/30/24</u>						
Property owner's (or owner's agent) certification that test was performed: John F. Granata <u>AFOS</u> Print Name Title Signature <u>[Signature]</u> Telephone <u>585.744.9099</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 <u> </u> <u> </u> <u> </u> m d y		NYS DOH Log # _____	
License Number		Phone ()					
Representing			Describe minor installation changes				
Address							
City		State					Zip
Signature _____							

INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE

PART A - To Be Completed by Certified Tester

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
 - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - C Whether check valve #2 leaked or closed tight.
 - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.