

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2023

Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply MCWA	Account No.	County MONROE	Block	Lot
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Facility Name MAJ HOLLEDER USARC NY070	Location of Device Hof Box By Rd
Address 515 RIDGE RD WEBSTER NY 14580	Street City Zip

Device Information	Manufacturer FEBCO	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 825Y	Size (in inches) 3/4	Serial Number J055413
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>62</u> psi
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Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.1</u> psid	Date <u>04 25 23</u>
	Pressure drop across first check valve <u>8.8</u> psid			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	Date <u>04 25 23</u>
	Pressure drop across first check valve _____ psid			M D Y

Water Meter Number 1850463504	Meter Reading <u> </u>	Type of Service: (check one) <input checked="" type="checkbox"/> 9 Domestic <input checked="" type="checkbox"/> 9 Fire <input checked="" type="checkbox"/> 9 Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)			
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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.			
Print Name Patrick Brown	Certified Tester No. 12561	Signature	Expiration Date <u>06/30/24</u>

Property owner(s) (or owner(s) agent) certification that test was performed:			
Print Name John F. Granata	Title AFOS	Signature	Telephone <u>585 944 9098</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.			
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Name	Title	Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log #
License Number	Phone ()		m d y	_____

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 **ATest Before Repair@** and indicate:
 - 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.
 - Whether check valve #2 leaked or closed tight.
 - Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - 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 **Afinal test@** section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe **Aother@** 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.