

# 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 **TOWN OF WEBSTER** Account No. **WEBSTER** County **Block** **Lot**

Facility Name **MAJ HOLLEDER USARC NY070** Location of Device **Hot Box By Rd**  
 Address **515 RIDGE RD WEBSTER NY 14580**

Street City Zip

Device Information Manufacturer **FEBCO** Type  RPZ  DCV Model **826YD** Size (in inches) **8** Serial Number **N1305130834**

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>70</u> psi
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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>2.6</u> psid	Date <u>04 25 23</u> M D Y
	Pressure drop across first check valve <u>9.2</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>04 25 23</u> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number <u>_____</u>	Meter Reading <u>_____</u>	Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> 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.)

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  
Patrick Brown 12561 06/30/24  
 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 585-944-9079  
 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 <u>_____</u>	Title <u>_____</u>	Date <u>_____</u>	NYS DOH Log # <u>_____</u>					
License Number <u>_____</u>	Phone ( <u>      </u> )	m	d	y				
Representing <u>_____</u>		Describe minor installation changes <u>_____</u>						
Address <u>_____</u>								
City <u>_____</u>	State <u>_____</u>	Zip <u>_____</u>						
Signature <u>_____</u>								

**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.