

# 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		Account No.		County Schenectady	Block	Lot												
Facility Name <u>Sgt. Horace D Bradt USARC</u>				Location of Device <u>138</u>														
Address <u>1201 Hillside Ave Schenectady, NY 12309-</u> <u>3501</u> City Zip																		
Device Information	Manufacturer wilkins	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975x12	Size (in inches) 1	Serial Number 3812398													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>35</u> 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 <u>3.4</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>2</td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>			0	9	1	2	2	3	M	D	Y			
	0	9	1	2	2	3												
M	D	Y																
	Pressure drop across first check valve <u>7.7</u> psid	<u>2.0</u> psid																
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>									M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>									M	D	Y			
M	D	Y																
	Pressure drop across first check valve _____ psid																	
Water Meter Number		Meter Reading	Type of Service: (check one) 9 Domestic 9 Fire 9 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. John E Cimino 8839 Signature [Signature] 08/31/2025 Expiration Date																		
Property owner's (or owner's agent) certification that test was performed: Michael Burdon MVAC Tech Signature [Signature] Telephone 315 229 8690																		

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						

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)

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PART A

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Public Water Supply

Account No.

County

Block

Lot

Schenectady

Facility Name Sgt. Horace D Bradt USARC

Location of Device

138

Address 1201 Hillside Ave Schenectady, NY 12309-

3501

City

Zip

Device  
Information

Manufacturer  
wilkins

Type

☒ RPZ  
☐ DCV

Model  
375 A

Size (in inches)  
2 1/2

Serial Number  
X27961

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief  
Valve

Line Pressure 47 psi

Test  
before  
repair

Leaked ☐  
Closed tight ☒

Pressure drop across first check valve  
8.0 psid

Leaked ☐  
Closed tight ☒

50 psid

Opened at 4.6 psid

Date

0 9 1 2 2 3

M D Y

Describe  
repairs and  
materials  
used

Repaired by

Name \_\_\_\_\_

Lic # \_\_\_\_\_

Date repaired:

                 

M D Y

Final test

Closed tight ☐

Pressure drop across first  
check valve \_\_\_\_\_ psid

Closed tight ☐

Opened at \_\_\_\_\_ psid

Date

                 

M D Y

Water Meter Number

Meter Reading

Type of Service: (check one)

9 Domestic 9 Fire 9 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 ☒ 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.

John E Cimino

Print Name

8839

Certified Tester No.

[Signature]

Signature

08 / 31 / 2025

Expiration Date

Property owners (or owner's agent) certification that test was performed:

Michael Gardich

Print Name

NVAC Tech

Title

[Signature]

Signature

34729-8690

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

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License Number		Phone (    )				<div> <div>m</div> <div>d</div> <div>y</div> </div>		_____			
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Address											
City		State								Zip	
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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>2.8</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>2</td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>			0	9	1	2	2	3	M	D	Y			
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John E Cimino		8839		08 / 31 / 2025														
Print Name		Certified Tester No.	Signature	Expiration Date														
Property owner's (or owner's agent) certification that test was performed:																		
Michael Bardich		HVAC Tech		315.29.890														
Print Name		Title	Signature	Telephone														

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