

# 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		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 <u></u> Zip <u></u>						
Device Information	Manufacturer <u>Wilkins</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975x12</u>	Size (in inches) <u>1</u>	Serial Number <u>3812398</u>	
	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"/>  <u>20</u> psid	Opened at <u>3.4</u> psid	Date <u>09 12 23</u> M D Y	
	Pressure drop across first check valve <u>7.7</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>08 31 2025</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> Other _____		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
<p>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.</p> <p><u>John E Cimino</u> <u>8839</u>  <u>08/31/2025</u>    Print Name Certified Tester No. Expiration Date</p>						
<p>Property owner's (or owner's agent) certification that test was performed:</p> <p><u>Michael Borden</u> <u>MVAC Tech</u>  <u>347-229-8690</u>    Print Name Title Signature Telephone</p>						
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 ( )		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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)

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

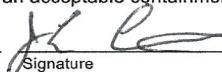
Public Water Supply		Account No.		County Schenectady	Block	Lot
Facility Name <u>Sgt. Horace D Bradt USARC</u>			Location of Device <u>138</u>			
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>			City	Zip		
Device Information	Manufacturer <u>wilkins</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>375 A</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>X27961</u>	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>47</u> psi
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>	Opened at <u>4.6</u> psid <u>50</u> psid	Date <u>09 12 23</u>	
	Pressure drop across first check valve <u>8.0</u> psid				M	D
Describe repairs and materials used					Repaired by Name _____	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Repaired by Name _____	
	Pressure drop across first check valve _____ psid				M	D
Water Meter Number	Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> 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

8839



08/31/2025

Expiration Date

Print Name  
Michael Burdick

Title  
MVAC Tech



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						

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.  
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DOH- 1013(9/91)

Report on Test and Maintenance  
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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>1112</u>			
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>			City	Zip		
Device Information	Manufacturer wilkins/Zurn	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975xi2	Size (in inches) 2	Serial Number 3806895	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>		Opened at <u>3.0</u> psid	
	Pressure drop across first check valve <u>9.4</u> psid		<u>1.7</u> psid			
Describe repairs and materials used					Repaired by Name _____	
					Lic # _____	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
	Pressure drop across first check valve _____ psid				Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Water Meter Number <u>70284674</u>		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____		

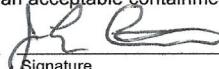
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

unable to read meter

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

8839

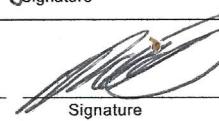
  
Signature

08/31/2025  
Expiration Date

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

Michael Burdick  
Print Name

NuTech  
Title

  
Signature

347-229-8690  
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						

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.  
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 of Backflow Prevention Device

PART A

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For the year 2023

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

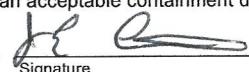
Public Water Supply		Account No.		County Schenectady	Block	Lot										
Facility Name <u>Sgt. Horace D Bradt USARC</u>			Location of Device <u>1112</u>													
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u> City _____ Zip _____																
Device Information	Manufacturer wilkins/Zurn	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 975xi2	Size (in inches) 1	Serial Number 3780539											
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>2.8</u> psid <u>2.3</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>8.7</u> psid																
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</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></tr><tr><td>M</td><td>D</td><td>Y</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) <input checked="" type="checkbox"/> 9 Domestic <input type="checkbox"/> 9 Fire <input type="checkbox"/> 9 Other _____													

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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 I hereby certify the foregoing data to be correct.

John E Cimino

8839

  
Signature

08 /31 /2025  
Expiration Date

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

Michael Bardich  
Print Name

HVAC Tech  
Title

  
Signature

317.229.8690  
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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