

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 <u>Ulster</u>	Block	Lot												
Facility Name <u>Saugerties USARC</u>				Location of Device <u>Room 113</u>														
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip																		
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009M3QT</u>	Size (in inches) <u>3/4</u>	Serial Number <u>308381</u>													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</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>3.0</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>1</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	1	2	3	M	D	Y			
	0	9		1	1	2	3											
M	D	Y																
Pressure drop across first check valve <u>8.2</u> psid		Pressure drop across first check valve <u>1.5</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 <u>8839</u>	Type of Service: (check one) <input checked="" type="checkbox"/> 9 Domestic <input checked="" type="checkbox"/> 9 Fire <input checked="" 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.)																		
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 <u>John E Cimino</u>		Certified Tester No. <u>8839</u>	Signature 		Expiration Date <u>08/31/2025</u>													
Property owners (or owners agent) certification that test was performed:																		
Print Name <u>Michael Gurdich</u>		Title <u>NUAC Tech</u>	Signature 		Telephone <u>347.229.8690</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 <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				NYS DOH Log #
m	d	y													
License Number	Phone ()														
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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☒ Annual test - Complete Part A only

Public Water Supply		Account No.		County <u>Ulster</u>	Block	Lot
Facility Name <u>Saugerties USARC</u>				Location of Device <u>Room 113</u>		
Address <u>1001 Kings Highway, Saugerties, NY 12477</u> Street City Zip						
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909MOD</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>125642</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve		Line Pressure _____ 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		Date <u>09</u> <u>11</u> <u>23</u> M D Y	
	Pressure drop across first check valve <u>1.6</u> psid		1.4			
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date _____ M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>71983006</u>		Meter Reading <u>00427664</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic • Fire • 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.						
<u>JOHN E. CILIKO</u> Print Name		<u>8839</u> Certified Tester No.		<u>[Signature]</u> Signature		<u>08/31/2025</u> Expiration Date
Property owners (or owners agent) certification that test was performed:						
<u>Michael Borden</u> Print Name		<u>NUAC Tech</u> Title		<u>[Signature]</u> Signature		<u>347229-8690</u> Telephone

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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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DOH- 1013(9/91)

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Public Water Supply		Account No.		County Ulster	Block	Lot												
Facility Name <u>Saugerties USARC</u>				Location of Device <u>Room 113</u>														
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip																		
Device Information	Manufacturer Ames	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model 2000 ss	Size (in inches) 6	Serial Number 165667													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>75</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 _____ psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>1</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	1	2	3	M	D	Y			
	0	9		1	1	2	3											
M	D	Y																
Pressure drop across first check valve <u>4.8</u> psid		<u>3.8</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 <input checked="" type="checkbox"/> 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		08 / 31 / 2025 Expiration Date													
Print Name		Certified Tester No.																
Property owners (or owners agent) certification that test was performed:																		
Michael Burdick		HVAC Tech	Signature		347.229.8690 Telephone													
Print Name		Title																

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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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Public Water Supply

Account No.

County
Ulster

Block

Lot

Facility Name Saugerties USARC

Location of Device Room 137

Address 1001 Kings Highway Saugerties, NY 12477-4342
Street City Zip

Device
Information

Manufacturer
Ames

Type ☐ RPZ
☒ DCV

Model
2000 ss

Size (in inches)
6

Serial Number
165460

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief
Valve

Line Pressure 65 psi

Test
before
repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
3.2 psid

Leaked ☐
Closed tight ☒

2.8 psid

Opened at _____ psid

Date

0	9	1	1	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 ☒ 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 owner's (or owner's agent) certification that test was performed:

Michael Burdek
Print Name

NVAC Tech
Title

[Signature]
Signature

347-229-8690
Telephone

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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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Facility Name <u>Saugerties USARC</u>				Location of Device <u>Room 137</u>														
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip																		
Device Information	Manufacturer Apollo	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model RP40	Size (in inches) 1/2	Serial Number 286551													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>55</u> psi														
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at <u>2.2</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>1</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	1	2	3	M	D	Y			
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M	D	Y																
Pressure drop across first check valve <u>9.8</u> psid		<u>2.6</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																
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John E Cimino		8839		Signature <u>[Signature]</u>		08 / 31 / 2025 Expiration Date												
Print Name		Certified Tester No.		Signature														
Property owners (or owners agent) certification that test was performed:																		
Michael Jurdich		HVAC Tech		Signature <u>[Signature]</u>		3472298690 Telephone												
Print Name		Title		Signature														

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Name		Title		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				NYS DOH Log #
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City							State	Zip										
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Facility Name <u>Saugerties USARC</u>				Location of Device <u>Room 137</u>		
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip						
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 009M3QT	Size (in inches) 3/4	Serial Number 301243	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>55</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>2.0</u> psid	Date 0 9 / 1 1 / 2 3 M D Y		
	Pressure drop across first check valve <u>9.4</u> psid		<u>1.6</u> psid			
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: ____ / ____ / ____ M D Y		
				Date ____ / ____ / ____ 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 ____ / ____ / ____ 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 <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 <u>[Signature]</u> 08 / 31 / 2025 Print Name Certified Tester No. Expiration Date						
Property owners (or owner's agent) certification that test was performed: Michael Bardach HVAC Tech Signature <u>[Signature]</u> 348.229.8690 Print Name Title Telephone						

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Name	Title	Date	NYS DOH Log #			
License Number	Phone ()	m d y				
Representing		Describe minor installation changes				
Address						
City	State Zip					
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Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip																		
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 009M3QT	Size (in inches) 3/4	Serial Number 301242													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</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>2.2</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>1</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	1	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:																		
		HVAC Tech		317 229 8690														
Print Name		Title	Signature	Telephone														

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Name	Title	Date				NYS DOH Log #	
License Number	Phone ()		m	d	y		
Representing		Describe minor installation changes					
Address							
City	State						Zip
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Device Information		Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909 MOD	Size (in inches) 3	Serial Number 191658												
		Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>65</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>2.4</u> psid	Date <table border="1"><tr><td>0</td><td>9</td><td>1</td><td>1</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	1	2	3	M	D	Y			
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M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number 71983008		Meter Reading <u>0109 1089</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic 9 Fire 9 Other _____														
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Print Name		Certified Tester No.		Signature														
Property owners (or owners agent) certification that test was performed:																		
<u>Michael Gardich</u>		<u>HVAC Tech</u>		Signature <u>[Signature]</u>		34729-8690 Telephone												
Print Name		Title		Signature														

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Name	Title	Date	NYS DOH Log #											
License Number	Phone ()	<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												
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)