

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 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 Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 009M3QT	Size (in inches) 3/4	Serial Number 308381		
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"/> <u>1.5</u> psid	Opened at <u>3.0</u> psid	Date <u>09 11 23</u> M D Y			
	Pressure drop across first check valve <u>8.1</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> 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 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.)							
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 <u>8839</u> <u>JK</u> <u>08/31/2025</u> Print Name Certified Tester No. Signature Expiration Date							
Property owner's (or owner's agent) certification that test was performed: <u>Michael Gurdick</u> <u>MUR Tech</u> <u>JK</u> <u>347-229-8690</u> 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		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)

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</u> Street _____ City _____ Zip _____						
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909M0D</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>123642</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"/> <u>1 - 4</u>		Opened at <u>2.8</u> psid	Date <u>09 11 23</u> M D Y	
	Pressure drop across first check valve <u>1.6</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"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Water Meter Number <u>71983006</u>	Meter Reading <u>00427664</u>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> 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. CIRIACO</u>	Certified Tester No. <u>8839</u>		Signature <u>JL</u>	Expiration Date <u>08/31/2025</u>		
Property owner's (or owner's agent) certification that test was performed: <u>Michael Borden</u>	Title <u>HVAC Tech</u>		Signature <u>MB</u>	Telephone <u>347229-8690</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.)

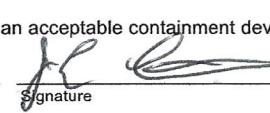
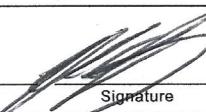
I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date					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)

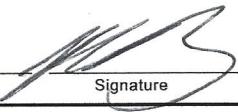
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Public Water Supply		Account No.		County Ulster	Block	Lot									
Facility Name <u>Saugerties USARC</u>		Location of Device <u>Room 113</u>													
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>		Street	City	Zip											
Device 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 Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>		Opened at _____ psid	Date <table border="1"><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>3</td></tr></table>		0	9	/	1	1	/	2	3
	0	9	/	1	1	/	2	3							
Pressure drop across first check valve <u>4.8</u> psid		<u>3.8</u> psid			M D Y										
Describe repairs and materials used					Repaired by Name _____										
					Lic # _____										
					Date repaired: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>										
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></tr></table>									
Pressure drop across first check valve _____ psid					M D Y										
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <input checked="" type="checkbox"/> Fire <u>9</u> Other _____											
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Property owner's (or owner's agent) certification that test was performed: <u>Michael Burdick</u> <u>HVAC Tech</u>  Print Name _____ Title _____ Signature _____ Telephone <u>347-229-8690</u>															
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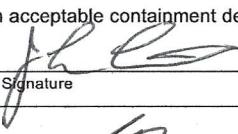
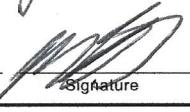
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Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Street	City	Zip																																												
Device Information	Manufacturer <u>Ames</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>2000 ss</u>	Size (in inches) <u>6</u>		Serial Number <u>165460</u>																																											
	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 _____ 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																																															
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Describe repairs and materials used					Repaired by Name _____	Lic # _____																																											
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Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>																																																		
Street	City	Zip																																																
Device Information	Manufacturer <u>Apollo</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>RP40</u>	Size (in inches) <u>1/2</u>	Serial Number <u>286551</u>																																													
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>50</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 <u>09/11/23</u> M D Y																																												
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Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <u>09/11/23</u> M D Y																																												
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Water Meter Number		Meter Reading		Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u> _____																																														
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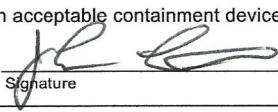
For the year 2023

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

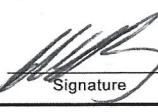
Public Water Supply		Account No.		County Ulster	Block	Lot												
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Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street _____ City _____ Zip _____																		
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 009M3QT	Size (in inches) 3/4	Serial Number 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 <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>9.6</u> psid		<u>1.6</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						
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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						
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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 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
 Print Name Certified Tester No. Signature Expiration Date

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

Michael Jardine HVAC Tech  247-229-8690
 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.)

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Name	Title	Date	NYS DOH Log #		
License Number	Phone ()		m	d	y
Representing		Describe minor installation changes			
Address					
City	State				
Signature					

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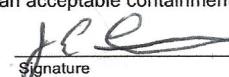
Public Water Supply		Account No.		County Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u>			Location of Device <u>Room 137</u>			
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street _____ City _____ Zip _____						
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 009M3QT	Size (in inches) 3/4	Serial Number 301242	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.2</u> psid	
	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 # _____	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
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8839



08 /31 /2025

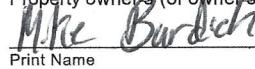
Expiration Date

Print Name

Certified Tester No.

Signature

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



HVAC Tech



347
229 8690
Telephone

Print Name

Title

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)

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 Ulster	Block	Lot												
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 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 colspan="4">Y</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>7.4</u> psid		<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></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 <u>71983008</u>		Meter Reading <u>0109 1089</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <u>9</u> Fire <u>9</u> Other _____														

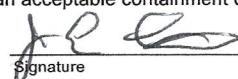
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

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 _____

Certified Tester No.

Signature

Print Name _____

Title



347224-8690
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.
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)