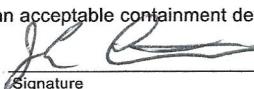


Report on Test and Maintenance of Backflow Prevention Device

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 Orange	Block	Lot																																																							
Facility Name <u>SGT Catalin D Dima AFRC</u>		Location of Device <u>Room 106</u>																																																											
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>		City	Zip																																																										
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF909MOD	Size (in inches) 3		Serial Number 013445																																																							
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>8.5</u> psi																																																						
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.6</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>8.6</u> psid		<u>2.2</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 <u>00307843</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. John E Cimino <u>8839</u>  Print Name _____ Certified Tester No. _____ Signature _____ Date <u>08/31/2025</u> Expiration Date _____																																																													
Property owner(s) (or owner(s) agent) certification that test was performed: <u>Rexon Vicente Montes de Oca</u>  <u>John E Cimino</u>  Print Name _____ Title _____ Signature _____ Telephone <u>347-533-0843</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. <table border="1"> <tr> <td>Name</td> <td colspan="3">Title</td> <td>Date</td> <td colspan="3"></td> <td>NYS DOH Log #</td> </tr> <tr> <td>License Number</td> <td colspan="3">Phone ()</td> <td colspan="3">m d y</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Representing</td> <td colspan="4">Describe minor installation changes</td> <td></td> </tr> <tr> <td colspan="4">Address</td> <td colspan="4"></td> <td></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="4">Signature</td> <td colspan="4"></td> <td></td> </tr> </table>								Name	Title			Date				NYS DOH Log #	License Number	Phone ()			m d y					Representing				Describe minor installation changes					Address									City	State	Zip							Signature								
Name	Title			Date				NYS DOH Log #																																																					
License Number	Phone ()			m d y																																																									
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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.																																																													

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

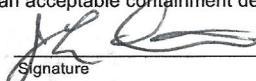
Public Water Supply		Account No.		County Orange	Block	Lot	
Facility Name <u>SGT Catalin D Dima AFRC</u>		Location of Device <u>Room 106</u>					
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>		City	Zip				
Device Information	Manufacturer conbraco	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 40204T2	Size (in inches) 3/4		Serial Number 136492	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.6</u> psid		
	Pressure drop across first check valve <u>5.4</u> psid		<u>3.4</u> psid				
Describe repairs and materials used							
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid		
	Pressure drop across first check valve _____ psid						
Water Meter Number		Meter Reading		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 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
RAZ AVENUE MAINTENANCE

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

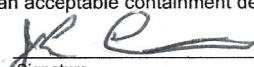
Public Water Supply		Account No.		County Orange	Block	Lot										
Facility Name <u>SGT Catalin D Dima AFRC</u>			Location of Device <u>Room 106</u>													
Address <u>910 Raz Avenue New Windsor, NY 12553-</u>																
4704		City	Zip													
Device Information	Manufacturer Ames	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model colt 200	Size (in inches) 6	Serial Number HI-1716											
	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> </td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td></tr></table>		0	9		2	3	M	D	Y		
	0	9		2	3											
M	D	Y														
Pressure drop across first check valve <u>3.8</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></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"/> Pressure drop across first check valve _____ psid		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														
Water Meter Number		Meter Reading		Type of Service: (check one) 9 Domestic 9 <u>Fire</u> 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

Expiration Date

Print Name

Certified Tester No.

Signature

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


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 <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 Orange	Block	Lot										
Facility Name <u>SGT Catalin D Dima AFRC</u>			Location of Device <u>Room 114</u>													
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>																
Device Information	Manufacturer <u>Apollo</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>40204T2</u>	Size (in inches) <u>3/4</u>	Serial Number <u>136488</u>											
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>70</u> psi											
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>	Opened at <u>20</u> psid	Date <table border="1"><tr><td><u>0</u></td><td><u>9</u></td><td><u> </u></td><td><u>2</u></td><td><u>3</u></td></tr><tr><td>M</td><td>D</td><td colspan="3">Y</td></tr></table>		<u>0</u>	<u>9</u>	<u> </u>	<u>2</u>	<u>3</u>	M	D	Y		
	<u>0</u>	<u>9</u>	<u> </u>	<u>2</u>	<u>3</u>											
M	D	Y														
Pressure drop across first check valve <u>8.8</u> psid		<u>22</u> psid														
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td><u> </u></td><td><u> </u></td><td><u> </u></td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table>		<u> </u>	<u> </u>	<u> </u>	M	D	Y				
<u> </u>	<u> </u>	<u> </u>														
M	D	Y														
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <table border="1"><tr><td><u> </u></td><td><u> </u></td><td><u> </u></td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table>		<u> </u>	<u> </u>	<u> </u>	M	D	Y				
<u> </u>	<u> </u>	<u> </u>														
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>John E Cimino <u>8839</u> Signature <u>J. E. Cimino</u> Date <u>08/31/2025</u> Print Name Certified Tester No. Signature Expiration Date</p>																
<p>Property owner(s) (or owner(s) agent) certification that test was performed: <u>RAKON VILLE AVENUE 1A NEW YORK</u> Signature <u>R. Huber</u> Telephone <u>347-533-084</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 ()		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	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 Orange	Block	Lot												
Facility Name <u>SGT Catalin D Dima AFRC</u>		Location of Device <u>Room 114</u>																
Address <u>910 Raz Avenue New Windsor, NY 12553-</u> <u>4704</u>		City	Zip															
Device Information	Manufacturer <u>Ames</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model colt 200	Size (in inches) 6	Serial Number if-1886													
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>85</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 colspan="3"></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>28</u> psid		<u>28</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) 9 Domestic <input checked="" 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.)

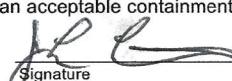
Certification: This device meets, does NOT meet, the requirements of an acceptable containment device at the time of testing
 I hereby certify the foregoing data to be correct.

John E Cimino

8839

Print Name

Certified Tester No.


 Signature

08/31/2025
 Expiration Date

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

Roxon Villanova John Cimino 347-533-0843
 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 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>m</td><td>d</td><td>y</td><td colspan="2"></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.
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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

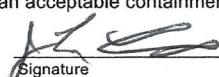
Public Water Supply		Account No.		County Orange	Block	Lot
Facility Name <u>SGT Catalin D Dima AFRC</u>			Location of Device <u>Room 114</u>			
Address <u>910 Raz Avenue New Windsor, NY 12553-</u> <u>4704</u> City <u></u> Zip <u></u>						
Device Information	Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF909	Size (in inches) 4	Serial Number 25694	
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>3.4</u> psid <u>1.8</u> psid	Date <u>0 9</u> <input type="checkbox"/> <input type="checkbox"/> <u>2 3</u> <u>M D Y</u>		
	Pressure drop across first check valve <u>7.2</u> psid					
Describe repairs and materials used					Repaired by Name _____	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>0 9</u> <input type="checkbox"/> <input type="checkbox"/> <u>2 3</u> <u>M D Y</u>		
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>70028984</u>	Meter Reading <u>01789418</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


 Signature

08/31/2025
 Expiration Date

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

RANKON VULCANUS
 Print Name

Title


 Signature

347-533-0843
 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 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 Orange	Block	Lot												
Facility Name <u>SGT Catalin D Dima AFRC</u>			Location of Device <u>Room 229</u>															
Address <u>910 Raz Avenue New Windsor, NY 12553-</u> <u>4704</u> City <u>Zip</u>																		
Device Information	Manufacturer conbraco	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 40204T2	Size (in inches) 3/4		Serial Number 136284												
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve		Line Pressure <u>76</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>2.6</u> psid	Opened at <u>2.6</u> psid		Date <table border="1"><tr><td>0</td><td>9</td><td> </td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td></tr></table>	0	9		2	3	M	D	Y				
	0	9			2	3												
M	D	Y																
Pressure drop across first check valve <u>7.8</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"/> Pressure drop across first check valve _____ psid		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																
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>John E Cimino <u>8839</u>  08 /31 / 2025 Print Name Certified Tester No. Expiration Date</p>																		
<p>Property owner(s) (or owner(s) agent) certification that test was performed: <u>Ramon Villanueva Maintenance</u>  <u>347-533-0843</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 <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.
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DOH- 1013(9/91)