

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

Block

Lot

Orange

Facility Name SGT Catalin D Dima AFRC

Location of Device

Room 106

Address 910 Raz Avenue New Windsor, NY 12553-

4704

City

Zip

Device
Information

Manufacturer
Watts

Type



RPZ



DCV

Model

LF909MOD

Size (in inches)

3

Serial Number

013445

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief
Valve

Line Pressure 85 psi

Test
before
repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
8.6 psid

Leaked ☐
Closed tight ☒

22 psid

Opened at 2.6 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

00307843

Type of Service: (check one)

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

RAKON VILLANUEVA

Print Name

Title

[Signature]

Signature

387-533-0843

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.
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 <u>Orange</u> | 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> <u>4704</u> City Zip | | | | | | | | | | | | | | | | | | |
| Device Information | Manufacturer <u>conbraco</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>136492</u> | | | | | | | | | | | | | |
| | 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 <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>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>5.4</u> psid | | 3.4 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) <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> Signature <u>[Signature]</u> <u>08/31/2025</u> Print Name Certified Tester No. Expiration Date | | | | | | | | | | | | | | | | | | |
| Property owner's (or owner's agent) certification that test was performed: <u>RAFAEL VILCAJUEVA</u> Title <u>MAINTENANCE</u> Signature <u>[Signature]</u> Telephone <u>315 533-0843</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)

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| | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------------------------|---|--------------------------|-----|---|---|--|--|---|---|---|---|--|--|---|--|
| 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> <u>4704</u> 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></td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td></td><td></td><td>Y</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 | | 3.8 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></td><td></td><td>Y</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></td><td></td><td>Y</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 <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

Print Name

Certified Tester No.

Signature

Expiration Date

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

RAYMOND VILCANUEVA

MAINTENANCE

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 | 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></td><td></td><td>y</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.
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| | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|--------------------------------|-----|---|---|--|--|---|---|---|---|--|--|---|--|
| Public Water Supply | | Account No. | | County <u>Orange</u> | 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>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 <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></td><td></td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td></td><td></td><td>Y</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>8.8</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><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td></td><td></td><td>Y</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></td><td></td><td>Y</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) <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 Signature [Signature] 08 / 31 / 2025
Print Name Certified Tester No. Expiration Date

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

RAKON VILCA NEVA MAINTENANCE [Signature] 387-533-084
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 () | <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></td><td></td><td>y</td><td></td></tr></table> | | | | | | | | m | d | | | y |
| | | | | | | | | | | | | | | |
| m | d | | | y | | | | | | | | | | |
| Representing | | Describe minor installation changes | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| City | State Zip | | | | | | | | | | | | | |
| Signature _____ | | | | | | | | | | | | | | |

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| | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|---------------------------------|-----|---|---|---|---|---|---|---|---|---|--|--|--|
| Public Water Supply | | Account No. | | County <u>Orange</u> | 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> | | | | City Zip | | | | | | | | | | | | | | |
| Device Information | Manufacturer <u>Ames</u> | Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV | Model <u>colt 200</u> | Size (in inches) <u>6</u> | Serial Number <u>if-1886</u> | | | | | | | | | | | | | |
| | 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></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>2.8</u> psid | | <u>2.8</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) <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 <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>[Signature]</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>RAKON VILLANUEVA</u> <u>MAINTENANCE</u> <u>[Signature]</u> <u>347-533-0843</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 | | | | | |

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☐ Initial test - Complete entire form

☒ Annual test - Complete Part A only

Public Water Supply

Account No.

County

Block

Lot

Orange

Facility Name SGT Catalin D Dima AFRC

Location of Device

Room 114

Address 910 Raz Avenue New Windsor, NY 12553-

4704

City

Zip

Device
Information

Manufacturer
Watts

Type

☒ RPZ

☐ 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 ☐
Closed tight ☒

Pressure drop across first check valve
7.2 psid

Leaked ☐
Closed tight ☒

1.8 psid

Opened at 3.4 psid

Date

0 9 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

70028984

Meter Reading

01789418

Type of Service: (check one)

☒ 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

08 / 31 / 2025

Expiration Date

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

RANKIN VILLANUEVA

Print Name

MAINTENANCE

Title

[Signature]

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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☒ 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 Zip | | | | | | | | | | | | | | | | | | |
| 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"/> | Opened at <u>2.6</u> psid | Date <table border="1"><tr><td>0</td><td>9</td><td></td><td></td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td></td><td></td><td>Y</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 | | <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></td><td></td><td>Y</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></td><td></td><td>Y</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 <u>[Signature]</u> 08 / 31 / 2025 Expiration Date | | | | | | | | | | | | | | | | | | |
| Property owner's (or owner's agent) certification that test was performed: RAKON VILLANUEVA MAINTENANCE [Signature] 347-533-0813 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)