

AMI Services, Inc.
168 Hopper Avenue
Waldwick, NJ 07463
201 447-6750



Work Order Invoice 47138

Date: 03/14/22

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SSG Frederick J III Jr USARC 2500 NY Route 17K Bullville NY 10915
--	--

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	34657 // WO 16627		T	1
Remarks: SSG Frederick J III Jr USARC WO# 58143					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair water line in wash rack as specified on our work order report dated February 18th and February 23rd.

Labor & Equipment Used

Week ending 02/19/22	Sun 2/13	Mon 2/14	Tues 2/15	Wed 2/16	Thur 2/17	Fri 2/18	Sat 2/19	Total Hours	Rate	Extension
R-David J. Hinnrichs						2.00		2.00	150.00	300.00
Week ending 02/26/22	Sun 2/20	Mon 2/21	Tues 2/22	Wed 2/23	Thur 2/24	Fri 2/25	Sat 2/26	Total Hours	Rate	Extension
R-David J. Hinnrichs				1.50				1.50	150.00	225.00

Material Used

Quantity	Description	Unit of Measure	Unit Price	Extension
1.00	3/4" X 6" BRASS NIP		41.20	41.20
1.00	BRASS BALL VALVE		35.26	35.26
1.00	3/4" NL BRASS PLUG		19.20	19.20

Other Costs

Description	Extension
Trip Charge	50.00
Trip Charge	50.00

Invoice Totals:	Labor	Material	Other
	525.00	95.66	100.00

Subtotal: 720.66
Sales Tax: 58.55

Invoice Total: 779.21



Work Order
No: 58143

Armistead Mechanical Inc. Services
168 Hopper Avenue, Waldwick NJ 07463

Date: 2/23/2022
Status: Schedule

Service To: SSG Frederick J III Jr USARC Address: 2500 NY Route 17K Bullville NY 10915	Contact: Phone:
--	----------------------------------

Work Summary

As per Joe, Repair water line in Wash Rack, water is pouring out of supply line. A Soldier onsite attempted to shut valve off but it is frozen

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
----	-------------	------	------	-------	---------------	----------	----------------

Labor

Date	Technician	Hours
2/18/2022	20014 (David J. Hinnrichs)	2.00
2/23/2022	20014 (David J. Hinnrichs)	1.50

Parts

Description	Quantity
-------------	----------

Notes

Topic	Note
WORK ORDER NOTES	DH 2/18 water main valve broken. Locate curb box. 3 ductile iron. Locate curb key in well house. Turn off main. Have to return to install new valve and cap. Line froze. Multiple breaks and equipment cracked. DH 2/23. Returned to replace main valve. Left water off. Area needs more heat and equipment repaired.

Customer Signature		Signed By		Date 2/23/2022
---------------------------	---	------------------	--	-----------------------

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Bullville NY NY011 Date of Visit: 2/18/22

Contractor Personnel on Site:

- | | | |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</u> | <u>Armistead.</u> | 4. _____ |
| 2. _____ | | 5. _____ |
| 3. _____ | | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. Broken water line/ main valve in wash bay building. Line froze and broke.
2. Located main curb key in pump house. Isolated in parking lot. Water off at
this time. Must return to install new valve. Multiple freeze issues.
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CSS #34657 WO#16627

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 2/18/22

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Sfc brekke, Craig Date: 18feb2022

Signed: _____

E-Mail: _____

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Bullville NY NY011 Date of Visit: 2/23/22

Contractor Personnel on Site:

- | | | |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</u> | <u>Armistead.</u> | 4. _____ |
| 2. _____ | | 5. _____ |
| 3. _____ | | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. Broken water line/ main valve in wash bay building. Line froze and broke.
2. Located main curb key in pump house. Isolated in parking lot. Water off at
3. this time. Must return to install new valve. Multiple freeze issues.
4. 2/23/22. DH. Replace main valve. Left water off. Area requires more heat
5. and equipment must be repaired.

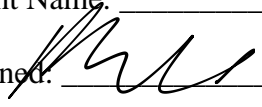
Over and Above Repair Work – Order Number and Description of Work Completed

CSS #34657 WO#16627

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 2/23/22

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Sfc brekke, Craig Date: 23feb2022

Signed: _____

E-Mail: _____