



95 Hudson River Rd.  
Waterford, NY 12188  
(518) 326-8450 Ph.

7/7/22

CMI Management

Re: Schenectady Army Reserve CSS # 594

*Backflow preventer  
relocate*

*APPROVED*

We are pleased to offer the following for review and approval:

Backflow too high to test

Isolate and drain water line  
Remove pipe covering as necessary  
Remove backflow and lower  
Pressure test  
Replace pipe covering that was removed  
Put units back into service

*#18739*

Labor (8 MH X \$115/Hr.)	\$920.
Materials	
Misc pipe/fittings (\$435.74 X 20%)	\$522.89
Total	\$1,442.89

Our proposal excludes the following:

1. Overtime hours of any kind.
2. Prices quoted are good for 30 days unless otherwise noted
3. Parts and/or materials not listed.
4. Performance and/or operation of related systems and/or equipment.
5. Labor to install equipment, parts, and/or materials of any kind not listed
6. Any and/or all cutting, masonry, painting, patching, carpentry, roofing, asbestos abatement, drop ceiling work labor and/or materials of any kind.

I trust you will find this proposal meets your requirements and standards. It is our company's goal to meet your needs and provide you with the best possible service. If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Respectfully,  
Daniel A. Keating  
BPI Mechanical Service, Inc.

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady Date of Visit: 8-12-22

Contractor Personnel on Site:

- |                  |          |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. _____         | 5. _____ |
| 3. _____         | 6. _____ |

Work Performed:

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

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Service Calls – Service Call Number and Description

- |   |
|---|
| 1. <u>CSS# 594 QUOTED JOB, LOWERED BACKFLOW PREVENTER</u> |
| 2. <u>PSI TEST LINES, INSULATE LINES. QPS NORMAL</u>      |
| 3. _____  |

ATTACHMENT J-0200000-05  
FORMS

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

CSS# 594 QUOTED JOB LOWERED BACKFLOW PREVENTER  
PSS TEST LINES. INSULATE LINES OPS NORMAL

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Mike Dull Date: 8-12-22

Signed: [Signature]

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: Chris Pothier Date: 8-12-22

Signed: [Signature]

E-Mail: \_\_\_\_\_