

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



## Work Order Invoice 49881

Date: 12/14/22

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
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 20213// CSS 90995		T	1
Remarks: SSG Frederick J III Jr USARC WO# 61637					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair leaking water main in pump house as specified on our work order report dated December 1st.

### Labor & Equipment Used

Week ending 12/03/22	Sun 11/27	Mon 11/28	Tues 11/29	Wed 11/30	Thur 12/1	Fri 12/2	Sat 12/3	Total Hours	Rate	Extension
R-David J. Hinnrichs					2.00			2.00	155.00	310.00

### Other Costs

		Description	Extension
Trip Charge			75.00

Invoice Totals:	Labor	Material	Other	Subtotal:	385.00
	310.00	0.00	75.00	Sales Tax:	31.28

Invoice Total: **416.28**



Work Order  
No: 61637

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

Date: 12/1/2022

Status: Schedule

<b>Service To:</b> SSG Frederick J III Jr USARC <b>Address:</b> 2500 NY Route 17K Bullville NY 10915	<b>Contact:</b> <b>Phone:</b>
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#### Work Summary

As per Vanessa, Repair Leaking water main in pump house.

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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#### Labor

Date	Technician	Hours
12/1/2022	20014 (David J. Hinnrichs)	2.00

#### Parts

Description	Quantity
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#### Notes

Topic	Note
WORK ORDER NOTES	12/1. DH. Stop at site. Locate piping with Jim Johnson. Piping coming from underground to chlorination and holding contact tanks. Floor wet in area. Pipe coming through floor appears to be fusion connected. Out of our scope of work. Review drawing in Jim's office. Nothing on pipe material in site drawing. No drawings of pump house.

Customer Signature		Signed By		Date
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**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY Bullville Date of Visit: 12/1/22

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. \_\_\_\_\_ Arrive on site. Locate water riser in pump house with Jim Johnson. Water on floor. May be ground water. May be well water. Pipe appears to be fusion sealed. Not in our scope of work. Review drawing in Jim's office. No info found.
2. \_\_\_\_\_
3. \_\_\_\_\_

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

CSS#90995. WO#20213. NY. Frederick J III Bullville.

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 12/1/22

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: \_\_\_\_\_ Date: 10/11/2022

Signed:

E-Mail: