

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY030 BLDG1      Date of Visit: 5/28/25

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

**Service Call Number**

CSS# 3071295      WO# 18310

**Description of Repairs**

I tested the 1 inch backflow on the army side and tested  
the 2 inch bacflow on the navy side

\_\_\_\_\_

\_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

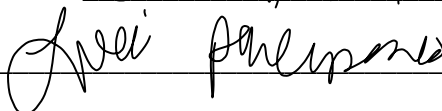
Print Name: Patrick Brown      Date: 5/28/25

Signed: \_\_\_\_\_

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Joel Philipenko      Date: 5/28/25

Signed: 

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

# Report on Test and Maintenance of Backflow Prevention Device

<b>PART A</b>	Please use a separate form for each device.			For the year <u>2025</u>		
				<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only		
Public Water Supply <b>EWB</b>		Account No.		County <b>CHEMUNG</b>	Block	Lot
Facility Name <b>CPT ALDEN D ALLEN AFRC</b>			Location of Device <b>boiler room behind expansion tanks</b>			
Address <b>3126 UPPER LAKE RD HORSEHEADS</b>						
City <b>NY 14845</b>			Zip			
Device Information	Manufacturer <b>WATTS</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>LF909 QT RPZ</b>	Size (in inches) <b>1</b>	Serial Number <b>070678</b>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <b>68</b> 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 <b>2.4</b> psid	Date <b>05 28 25</b> M D Y		
	Pressure drop across first check valve <b>6</b> psid					
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <b>06 30 27</b> M D Y		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <b>06 30 27</b> M D Y		
	Pressure drop across first check valve _____ psid					
Water Meter Number <b>78364459</b>		Meter Reading <b>00,000,1x100</b>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Other <b>Boiler</b>			
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. <b>Patrick Brown</b> <b>12561</b> _____ <b>06 30 27</b> Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: <b>Jodi Philipenko</b> <b>ARA</b> _____ <b>Jodi Philipenko</b> <b>(910) 456-0581</b> Print Name Title Signature Telephone						

<b>PART B</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							

# Report on Test and Maintenance of Backflow Prevention Device

<b>PART A</b>	Please use a separate form for each device.				For the year <u>2025</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
	Public Water Supply <b>EWB</b>		Account No.		County <b>CHEMUNG</b>	Block
Facility Name <b>CPT ALDEN D ALLEN AFRC</b>		Location of Device <b>Mechanical room navy side</b>				
Address <b>3126 UPPER LAKE RD, HORSEHEADS NY</b>						
Street <b>14854</b>		City		Zip		
Device Information	Manufacturer <b>WATTS</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>909M101RP</b>	Size (in inches) <b>2</b>	Serial Number <b>318399</b>	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <b>5.2</b> psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at <b>2.8</b> psid	
					Line Pressure <b>67</b> psi	
Describe repairs and materials used					Date <b>05 28 25</b> M D Y	
					Repaired by Name _____ Lic # _____ Date repaired: <b>06 30 27</b> 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 <b>06 30 27</b> M D Y	
Water Meter Number <b>1635299</b>		Meter Reading <b>7156400</b>		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. <b>Patrick Brown</b> <b>12561</b> _____ <b>06 30 27</b> Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: <b>Jodi Phlipsenko</b> <b>GRA</b> _____ <b>Jodi Phlipsenko</b> <b>(909) 556 0551</b> Print Name Title Signature Telephone						

<b>PART B</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 _____						

