

**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

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: Jack Phillips Date: 5/28/25

Signed: Jack Phillips

E-Mail: _____

Report on Test and Maintenance of Backflow Prevention Device

PART A		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 EWB		Account No.		County CHEMUNG	Block	Lot
Facility Name CPT ALDEN D ALLEN AFRC 3126 UPPER LAKE RD HORSEHEADS Address NY 14845		City Syracuse		Zip 14304		
Location of Device boiler room behind expansion tanks						
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF909 QT RPZ	Size (in inches) 1	Serial Number 070678	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>68</u> psi	
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.7</u> psid	Date <u>05</u> <u>28</u> <u>25</u> M D Y	
	Pressure drop across first check valve <u>6</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>05</u> <u>28</u> <u>25</u> M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number 78364459		Meter Reading 00,000,1x100		Type of Service: (check one) 9 Domestic 9 Fire 8 Other Boiler		
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 Patrick Brown <u>12561</u>  Signature <u>06/30/27</u> Expiration Date						
Print Name _____ Certified Tester No. _____ Signature _____ Telephone <u>(910) 456-0581</u>						
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log # _____	
License Number _____		Phone () _____		m <input type="checkbox"/> d <input type="checkbox"/> y <input type="checkbox"/>		
Representing _____				Describe minor installation changes _____		
Address _____						
City _____		State _____		Zip _____		
Signature _____						

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2025
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply EWB	Account No.	County CHEMUNG	Block	Lot
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Facility Name CPT ALDEN D ALLEN AFRC	Address 3126 UPPER LAKE RD, HORSEHEADS NY	Location of Device Mechanical room navy side
Street 14854	City	Zip

Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909M101RP	Size (in inches) 2	Serial Number 318399
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>67</u> psi
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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>2.8</u> psid	Date <u>05</u> <u>28</u> <u>25</u> M D Y
	Pressure drop across first check valve <u>5.1</u> psid			

Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y

Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number 1635299	Meter Reading 7156400	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)				
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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.				
Print Name Patrick Brown	Certified Tester No. 12561	Signature	Expiration Date 06/30/27	

Property owner(s) (or owner(s) agent) certification that test was performed: Print Name <u>Joe Phuercito</u> Title <u>GRA</u> Signature <u>Joe Phuercito</u> Telephone <u>(800) 555-0555</u>				
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PART B Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)				
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I hereby certify that this installation is in accordance with the approved plans.				
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Name	Title	Date						NYS DOH Log #
License Number	Phone ()		m	d	y			

Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature _____			

