

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY052 Penn Yan Date of Visit: 7/30/25

Contractor Personnel on Site:

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

Service Call Number

FEMS# 3190016 WO# 19516

Description of Repairs

I did backflow , testing on the two
inch and the three quarter inch
back flow



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/28/25

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: Samie G Miller / SFC Date: 7/28/25

Signed: _____

E-Mail: _____

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

Village of Penn Yan

Account No. _____

County

Yates

Block

Lot

TEC 3 OLAF A. FREDERIKSEN USARC

Facility Name

198 COORNWELL ST. PEN YAN, NY 14527

Address

Street

City

Zip

Location of Device

BOILER ROOM UNDER WINDOW

Device Information

Manufacturer

WATTS

Type

☒ RPZ
☐ DCV

Model

909M1QTRP

Size (in inches)

2

Serial Number

454440

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief Valve

Line Pressure 87 psi

Test before repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
2.6 psid

Leaked ☐
Closed tight ☒

Opened at 2 psid

Date

07 30 25

M D Y

Describe repairs and materials used

Repaired by

Name _____

Lic # _____

Date repaired:

M D Y

Final test

Closed tight ☐

Pressure drop across first
check valve _____ psid

Closed tight ☐

Opened at _____ psid

Date

M D Y

Water Meter Number

Meter Reading

Type of Service: (check one)

☒ Domestic ☐ Fire ☐ 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 ☒ meets, ☐ 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

12561

Print Name

Certified Tester No.

Signature

Expiration Date

06/30/27

Property owner's (or owner's agent) certification that test was performed:

Samie G Miller

SFC OPS IVCO

Signature

Telephone

Print Name

Title

Signature

Telephone

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

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

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 VILLAGE OF PEN YAN		Account No. NY052		County YATES		Block		Lot			
Facility Name TEC 3 OLAF A. FREDERIKSEN USARC				Location of Device BOILER ROOM							
Address 198 CORNWELL ST. PEN YAN NY 14527											
Device Information		Manufacturer WATTS		Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV		Model 009m3qt		Size (in inches) 3/4		Serial Number 477428	
		Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure 72 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 2.4 psid		Date 04 25 23 M D Y			
		Pressure drop across first check valve 26 psid									
Describe repairs and materials used								Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y			
Water Meter Number		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> 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 12561 _____ 06/30/27 Print Name Certified Tester No. Signature Expiration Date											
Property owner's (or owner's agent) certification that test was performed: Jamie G Meller SFC OPS NCO for J. Meller (315) 717-8257 Print Name Title Signature Telephone											

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		NYS DOH Log #			
License Number		Phone ()		m d y					
Representing				Describe minor installation changes					
Address									
City		State						Zip	
Signature _____									

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)