

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

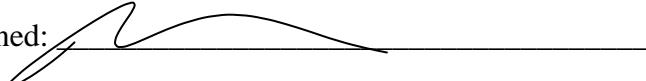
I did backflow , testing on the two
inch and the three quarter inch
back flow



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: Jamie L 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

Facility Name TEC 3 OLAF A. FREDERIKSEN USARC

Address 198 COORNWELL ST. PEN YAN, NY 14527

Location of Device BOILER ROOM UNDER WINDOW

Street City Zip

Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909M1QTRP</u>	Size (in inches) <u>2</u>	Serial Number <u>454440</u>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>87</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</u> psid	Date <u>07 30 25</u> M D Y
	Pressure drop across first check valve <u>7.6</u> psid			

Describe repairs and materials used				Repaired by Name <u> </u> Lic # <u> </u> 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> </u> M D Y
	Pressure drop across first check valve _____ psid			

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 _____
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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.)

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 06/30/27
 Print Name Certified Tester No. Signature Expiration Date

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

Jamie C. Miller SFC OPS/IVCO Jamie C. Miller (315) 712-8257
 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.)
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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 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		Street	City	Zip		
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	
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>2.4</u> psid	
	Pressure drop across first check valve <u>.76</u> psid				Date <u>04 25 23</u> M D Y	
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	
	Pressure drop across first check valve _____ psid				Date <u>04 25 23</u> M D Y	
Water Meter Number		Meter Reading		Type of Service: (check one) 9 Domestic 9 Fire 9 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 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

Certified Tester No.

Signature

06/10/27

Expiration Date

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

Jamie G Miller

SFC OPS NCO

Print Name

Title

Signature

315717-8257

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)