

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY065 Date of Visit: 5/29/25

Contractor Personnel on Site:

1. Patrick Brown 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

FEMS# 3113784 WO# 18711



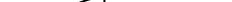
Description of Repairs

I tested the Two inch back flow

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/29/25

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: Chanel Stasio Date: 5/29/25

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 <u>2025</u>	
					<input type="checkbox"/> Initial test - Complete entire form	<input checked="" type="checkbox"/> Annual test - Complete Part A only
Public Water Supply TOWN OF TOWANDA		Account No.		County ERIE	Block	Lot
Facility Name <u>NY065 PFC CHARLES DEGLOPPER</u>		Location of Device				
Address <u>2393 colvin blvd tonawanda ny 14150</u>					<u>RM 108 closet</u>	
Street	City	Zip				
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909M1 QT RP	Size (in inches) 2	Serial Number 450417	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>70</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>2.4</u> psid	Date 05 29 25	M D Y
	Pressure drop across first check valve <u>6.4</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 16356064		Meter Reading 7501760		Type of Service: (check one) 9 Domestic 9 Fire 9 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.						
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 Chanel Stasio Title AFOS Signature 7162754317 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 _____						