

**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. <u>Patrick Brown</u> | 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

<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>TOWN OF TOWANDA</b>		Account No.	County <b>ERIE</b>	Block  Lot  
Facility Name <b>NY065 PFC CHARLES DEGLOPPER</b> Address <b>2393 colvin blvd tonawanda ny 14150</b> Street City Zip			Location of Device <b>RM 108 closet</b>		
Device Information	Manufacturer <b>WATTS</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>909M1 QT RP</b>	Size (in inches) <b>2</b>	Serial Number <b>450417</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>6.4</b> psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at <b>2.4</b> psid
	Line Pressure <b>70</b> psi		Date <b>05</b> <b>29</b> <b>25</b> M D Y		
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 <b>16356064</b>		Meter Reading <b>7501760</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>Chanel Stasio</b> <b>AFOS</b> <b>7162754317</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						

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.