

1052-0376457

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY126 Chili

Date of Visit: 09/15/25

Contractor Personnel on Site:

1. Sylus Vazquez Davis Ulmer

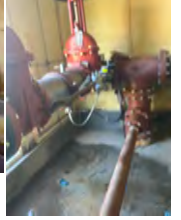
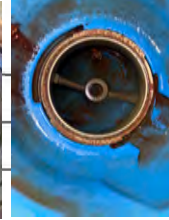
2. _____

3. _____

4.

5.

6.



Service Call Number

FEMS# 3190019

WO# 19518

Description of Repairs

Repair x2 backflow devices in hot box. x1 domestic
and x1 fire supply. Drop off x1 Victaulic V2708
Brass 1/2" NPT 155° to spare head supply. Fire Protection Device Passes
The domestic device failed after cleaning and rubber seal replacements
Found Check one to have a pitted seat and the RV seat to have a crack
in it. I was unable to remove check 2 from it's seat. I recommend a
Seat replacement.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sylus Vazquez

Date: 09/15/25

Signed: [Signature]

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: Anthony J Deschamps

Date: 09/15/25

Signed: [Signature]

E-Mail: anthony.j.deschamps2.civ@army.mil

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

MCWA

Account No.

County

Monroe

Block

Lot

Facility Name USAR Jetview

Location of Device

Address 49 Jetview Bldg 17101

Hot Box

Device Information

Manufacturer

WATTS

Type

☒ RPZ

☐ DCV

Model

919

Size (in inches)

3/4"

Serial Number

39843

Check Valve No. 1

Check Valve No. 2

Differential Pressure
Relief Valve

Line Pressure 65 psi

Test
before
repair

Leaked ☐
Closed tight ☐

Pressure drop across first check valve
_____ psid

Leaked ☐
Closed tight ☐

Opened at _____ psid

Date

M D Y

Describe
repairs and
materials
used

Replaced check
flushed device

Replaced
rubbers

Repaired by

Name Sylus Vazquez

Lic # 15090

Date repaired:

M D Y

Final test

Closed tight ☒

Pressure drop across first
check valve 6.8 psid

Closed tight ☒

Opened at 3.6 psid

Date

M D Y

Water Meter Number

421996962

Meter Reading

0060582.69

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 date to be correct.

Sylus Vazquez

15090

Certified Tester No.

[Signature]

Signature

05/31/26

Expiration Date

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

Anthony J Desclamps

ARA

Title

[Signature]

Signature

(910) 598-7777

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.

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 <u>MCWA</u>		Account No.		County <u>Monroe</u>	Block	Lot
Facility Name <u>USAR Jetview</u>				Location of Device <u>Hot Box</u>		
Address <u>49 Jetview Dr Bldg 1701 Roc</u>						
Device Information		Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909</u>	Size (in inches) <u>3"</u>	Serial Number <u>193781</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>65</u> psi
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Pressure drop across first check valve _____ psid					
Describe repairs and materials used	<u>Replaced rubber seals and check assembly cleaned check seat Flushed device & Found check seat to have "pits"</u>		<u>could not remove</u>		<u>Replaced rubber cleaned RV seat Found what appeared to be a hairline crack on seat</u>	Repaired by Name <u>Sylus Varquez</u> Lic # <u>15090</u> Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> M D Y
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at <u>2.6</u> psid	Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Pressure drop across first check valve <u>3.8</u> psid					
Water Meter Number <u>60774456</u>		Meter Reading <u>00841635.5</u>		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.) <u>Recommend seat replacement: check 1+2 and RV seat</u>						
Certification: This device <input type="checkbox"/> meets, <input checked="" type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing date to be correct. <u>Sylus Varquez</u> <u>15090</u> <u>[Signature]</u> <u>05/31/26</u> Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: <u>Anthony J Deschamps</u> <u>ART</u> <u>[Signature]</u> <u>(910) 598-7777</u> 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.