

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY126 Date of Visit: 5/14/2024

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>Zachary Squires</u> | 4. _____ |
| 2. _____                  | 5. _____ |
| 3. _____                  | 6. _____ |

**Service Call Number**

CSS# 97647 WO# 15589

**Description of Repairs**

Performed 3 backflow inspections. Two backflows meets the requirments. The 5/8" & 10"

The 3" did not meet, the requirements. Relief did not open, check 1 held below. 5.0

This repair would require CSS ticket to address repair.

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Julie Pape Date: 5/14/2024

Signed: *Julie Pape*

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: John F. Granata AFOS Date: 05/14/2024

Signed: *John F. Granata*

E-Mail: john.f.granata.ctr@army.mil

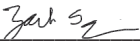
# Report on Test and Maintenance of Backflow Prevention Device

**PART A**

Please use a separate form for each device.

For the year 2024

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply <b>MCWA</b>		Account No.		County <b>Monroe</b>	Block	Lot												
Facility Name <u>USAR Jetview</u>				Location of Device <u>Hotbox</u>														
Address <u>49 JETVIEW DR, BLDG 17101, ROCHESTER, NY,</u>																		
Device Information		Manufacturer <b>WATTS</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>909</b>	Size (in inches) <b>3"</b>	Serial Number <b>193781</b>												
		Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</u> 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 ____ psid	Date <table><tr><td>0</td><td>4</td><td>0</td><td>5</td><td>2</td><td>4</td></tr><tr><td>M</td><td></td><td>D</td><td></td><td>Y</td><td></td></tr></table>		0	4	0	5	2	4	M		D		Y	
	0	4	0	5	2	4												
M		D		Y														
Pressure drop across first check valve <u>4.0</u> psid																		
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td></td><td>D</td><td></td><td>Y</td><td></td></tr></table>								M		D		Y	
M		D		Y														
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at ____ psid	Date <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td></td><td>D</td><td></td><td>Y</td><td></td></tr></table>								M		D		Y	
M		D		Y														
Pressure drop across first check valve ____ psid																		
Water Meter Number <b>60774456</b>		Meter Reading		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.) <b>Relief did not open, check 1 held below. 5.0</b>																		
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 data to be correct. <b>Zachary Squires</b> <b>NYS Tester # 11401</b>  <b>5/31/25</b>																		
Print Name		Certified Tester No.		Signature		Expiration Date												
Property owner's (or owner's agent) certification that test was performed: <b>John</b> <b>Signature</b> <b>( )</b> <b>Telephone</b>																		
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.

# Report on Test and Maintenance of Backflow Prevention Device

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Please use a separate form for each device.

For the year 2024

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

Public Water Supply <b>MCWA</b>		Account No.		County <b>Monroe</b>	Block	Lot
Facility Name <u>USAR Jetview</u>				Location of Device		
Address <u>49 JETVIEW DR, BLDG 17101, ROCHESTER, NY,</u>				<u>Hotbox</u>		
Street		City		Zip		
Device Information	Manufacturer <b>WATTS</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>919</b>	Size (in inches) <b>5/8"</b>	Serial Number <b>39843</b>	
	<b>Check Valve No. 1</b>	<b>Check Valve No. 2</b>	<b>Differential Pressure Relief Valve</b>	<b>Line Pressure <u>60</u> psi</b>		
<b>Test before repair</b>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.3</u> psid	Date		
	Pressure drop across first check valve <u>7.0</u> psid			0 4 0 5 2 4 M D Y		
<b>Describe repairs and materials used</b>				Repaired by		
				Name _____ Lic # _____ Date repaired: M D Y		
<b>Final test</b>	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date		
	Pressure drop across first check valve _____ psid			M D Y		
Water Meter Number <b>92196962</b>		Meter Reading		Type of Service: (check one) <input type="checkbox"/> Domestic <input checked="" 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 ☒ 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.

Zachary Squires NYS Tester # 11401 5/31/25  
Print Name Certified Tester No. Signature Expiration Date

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

John \_\_\_\_\_  
Print Name Title Signature Telephone

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City	State Zip		
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Address <u>49 JETVIEW DR, BLDG 17101, ROCHESTER, NY,</u>																		
Street		City		Zip														
Device Information	Manufacturer <b>AMES</b>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <b>Maxim 500-G</b>	Size (in inches) <b>10"</b>	Serial Number <b>ME-0052</b>													
	<b>Check Valve No. 1</b>	<b>Check Valve No. 2</b>	<b>Differential Pressure Relief Valve</b>	<b>Line Pressure <u>60</u> psi</b>														
<b>Test before repair</b>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.5</u> psid	Date <table><tr><td>0</td><td>4</td><td>0</td><td>5</td><td>2</td><td>4</td></tr><tr><td colspan="2">M</td><td colspan="2">D</td><td colspan="2">Y</td></tr></table>			0	4	0	5	2	4	M		D		Y	
	0	4	0	5	2	4												
M		D		Y														
Pressure drop across first check valve <u>9.0</u> psid																		
<b>Describe repairs and materials used</b>				Repaired by Name _____ Lic # _____ Date repaired: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">M</td><td colspan="2">D</td><td colspan="2">Y</td></tr></table>									M		D		Y	
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Address			
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