

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 requirements. 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

Please use a separate form for each device.

For the year 2024

Initial test - Complete entire form

Annual test - Complete Part A only

PART A

Public Water Supply
MCWA

Account No.

County
Monroe

Block

Lot

Facility Name USAR Jetview

Location of Device

Address 49 JETVIEW DR, BLDG 17101, ROCHESTER, NY
Street City Zip

Hotbox

Device Information Manufacturer WATTS Type RPZ DCV Model 909 Size (in inches) 3" Serial Number 193781

Check Valve No. 1 Check Valve No. 2 Differential Pressure Relief Valve Line Pressure 60 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
	Pressure drop across first check valve <u>4.0</u> psid			<u>0</u> <u>4</u> <u>0</u> <u>5</u> <u>2</u> <u>4</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	Date
	Pressure drop across first check valve _____ psid			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y

Water Meter Number <u>60774456</u>	Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire • • <input 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.)
Relief did not open, check 1 held below. 5.0

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

Property owner's (or owner's agent) certification that test was performed:	John	No Signature Available	<u> </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.)
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Name	Title	Date	<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 <u>2024</u>	
					<input type="checkbox"/> Initial test - Complete entire form	<input checked="" type="checkbox"/> Annual test - Complete Part A only
Public Water Supply MCWA		Account No.		County Monroe	Block	Lot
Facility Name <u>USAR Jetview</u>			Location of Device			
Address <u>49 JETVIEW DR, BLDG 17101, ROCHESTER, NY,</u> Street _____ City _____ Zip _____			Hotbox			
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 919	Size (in inches) 5/8"	Serial Number 39843	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</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>2.3</u> psid	Date <u>04 05 24</u>	
	Pressure drop across first check valve <u>7.0</u> psid				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	Date <u>04 05 24</u>	
	Pressure drop across first check valve _____ psid				M D Y	
Water Meter Number 92196962		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 <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. <u>Zachary Squires</u> <u>NYS Tester # 11401</u> <u>Zach S</u> <u>5/31/25</u>						
Print Name _____		Certified Tester No. _____		Signature _____		Expiration Date _____
Property owner's (or owner's agent) certification that test was performed: <u>John</u> <u>No Signature Available</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 <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 <input type="checkbox"/> d <input type="checkbox"/> y <input type="checkbox"/>	_____	
Representing _____			Describe minor installation changes _____			
Address _____			_____			
City _____		State _____				
Signature _____						

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 MCWA	Account No.	County Monroe	Block	Lot
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Facility Name <u>USAR Jetview</u>	Location of Device <u>Hotbox</u>			
Address <u>49 JETVIEW DR, BLDG 17101, ROCHESTER, NY,</u>	Street	City	Zip	

Device Information	Manufacturer AMES	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model Maxim 500-G	Size (in inches) 10"	Serial Number ME-0052
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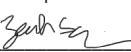
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</u> psi
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.5</u> psid	Date <u>04 05 24</u> M D Y
	Pressure drop across first check valve <u>9.0</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
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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	Meter Reading	Type of Service: (check one) <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire • <input 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.)				
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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. <u>Zachary Squires</u> <u>NYS Tester # 11401</u> <u></u> <u>5/31/25</u> Print Name Certified Tester No. Signature Expiration Date				
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Property owner's (or owner's agent) certification that test was performed: <u>John</u> <u>No Signature Available</u> <u>()</u> _____ Print Name Title Signature Telephone				
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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 _____				