

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY070 BLDG1 Date of Visit: 6/18/23

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# 96929 WO# 15206

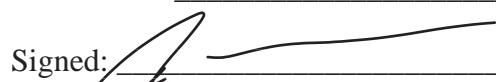
Description of Repairs

I did the annual testing on a 8 inch 4 inch and
a 3/4 inch backflow prevention units.

CERTIFICATION OF WORK

To be signed by the Contractor:

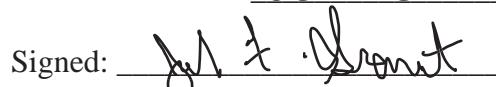
Print Name: Patrick Brown Date: 6/18/23

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: JOHN GRANATA Date: 6/18/23

Signed: 

E-Mail: john.f.granata.st@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 MCWA	Account No.	County MONROE	Block	Lot
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Facility Name MAJ HOLLEDER USARC NY070	Location of Device Hof Box By Rd	
Address 515 RIDGE RD WEBSTER NY 14580		
Street	City	Zip

Device Information	Manufacturer FEBCO	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 825Y	Size (in inches) 3/4	Serial Number J055413
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>67</u> psi
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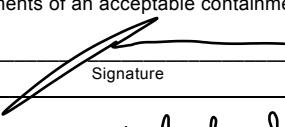
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.0</u> psid	Date <u>06 18 24</u> M D Y
	Pressure drop across first check valve <u>8.4</u> psid			

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 <u>06 18 24</u> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number 1850463504	Meter Reading <u> </u>	Type of Service: (check one) 9 Domestic 9 Fire 9 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>Patrick Brown</u> <u>12561</u>  Print Name Certified Tester No. Signature Expiration Date <u>06/30/24</u>				
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Property owner(s) (or owner(s) agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u>  Print Name Title Signature Telephone <u>585 944 9098</u>				
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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		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 2024
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply MCWA Account No. _____ County MONROE Block _____ Lot _____

Facility Name MAJ HOLLEDER USARC NY070 Location of Device Floor Box By Rd
 Address 515 RIDGE RD WEBSTER NY 14580

Street _____ City _____ Zip _____

Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF909RP</u>	Size (in inches) <u>4</u>	Serial Number <u>16892</u>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>72</u> psi
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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 <u>2.5</u> psid	Date <u>06 18 24</u> M D Y
	Pressure drop across first check valve <u>3.5</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 <u>06 18 24</u> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number <u>70429459</u>	Meter Reading <u>00,037,660.0</u>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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.)

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.

Patrick Brown

12561

Print Name

Certified Tester No.

Signature

06/30/24

Expiration Date

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

John F. Granata

AFOS

Print Name

Title

John F. Granata

589-944-7099

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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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 _____	Zip _____			
Signature _____					

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

TOWN OF WEBSTER

Account No.

County

Block

Lot

Facility Name MAJ HOLLEDER USARC NY070
 Address 515 RIDGE RD WEBSTER NY 14580

Location of Device

Hot Box By Rd

Street City Zip

Device Information	Manufacturer <u>FEBCO</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>826YD</u>	Size (in inches) <u>8</u>	Serial Number <u>N1305130834</u>
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	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>76</u> psi
Test before repair	Leaked <input type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at <u>2.2</u> psid	Date <u>06 18 24</u>
	Closed tight <input type="checkbox"/>	Pressure drop across first check valve <u>9.0</u> psid	<input type="checkbox"/>		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>06 18 24</u>
	Pressure drop across first check valve _____ psid			M D Y

Water Meter Number <u>12561</u>	Meter Reading <u>AFOS</u>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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.)

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.

Patrick Brown

Certified Tester No. 12561

Signature

06 30 24

Expiration Date

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

John F. Granata

Title AFOS

John F. Granata

585 944 9078

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"/>	NYS DOH Log # _____		
License Number	Phone ()	m	d	y	
Representing		Describe minor installation changes			
Address					
City	State	Zip			
Signature _____					