

**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:

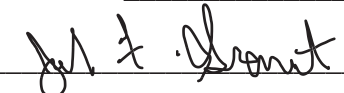
Print Name: Patrick Brown Date: 6/18/23

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.s.granata.sto@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
Facility Name MAJ HOLLEDER USARC NY070		Location of Device Hot 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	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve 8.4 psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at 2.0 psid	
					Line Pressure 67 psi	
Describe repairs and materials used					Date 06 18 24 M D Y	
					Repaired by Name _____ Lic # _____ Date repaired: _____ 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 _____ M D Y	
Water Meter Number 1850463504		Meter Reading _____		Type of Service: (check one) 9 Domestic 9 Fire 9 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. Patrick Brown 12561 Print Name Certified Tester No. Signature Expiration Date 06/30/24						
Property owner's (or owner's agent) certification that test was performed: Jahn F. Granata AFOS Print Name Title Signature Telephone (585) 944-7097						

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.

DOH- 1013(9/91)

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 MAJ HOLLEDER USARC NY070		Location of Device <u>Box 24 Rd</u>				
Address 515 RIDGE RD WEBSTER NY 14580						
Street		City		Zip		
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF909RP	Size (in inches) 4	Serial Number 16892	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>5.5</u> psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at <u>2.5</u> psid	
					Line Pressure <u>72</u> psi	
Describe repairs and materials used					Date <u>06</u> <u>18</u> <u>24</u> M D Y	
					Repaired by Name _____ Lic # _____ Date repaired: <u> </u> <u> </u> <u> </u> 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 <u> </u> <u> </u> <u> </u> M D Y	
Water Meter Number 70429459		Meter Reading 00,037,660.0		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. Patrick Brown 12561 _____ <u>06/30/24</u> Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u> <u>John F. Granata</u> <u>(589) 444-9099</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							

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 TOWN OF WEBSTER		Account No.		County WEBSTER	Block	Lot
Facility Name MAJ HOLLEDER USARC NY070		Location of Device Hot 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 826YD	Size (in inches) 8	Serial Number N1305130834	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Differential Pressure Relief Valve Opened at 2.2 psid	Line Pressure 76 psi		
	Pressure drop across first check valve 9.0 psid			Date 06 18 24 M D Y		
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y		
				Date _____ 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 _____ M D Y		
Water Meter Number _____		Meter Reading _____	Type of Service: (check one) 9 Domestic 9 Fire 9 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. Patrick Brown 12561 _____ 06/30/24 Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: John F. Granata AFO _____ John F. Granata 585 944 9079 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.
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