

1052-0405179

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY126 Date of Visit: 12/29/25

Contractor Personnel on Site:

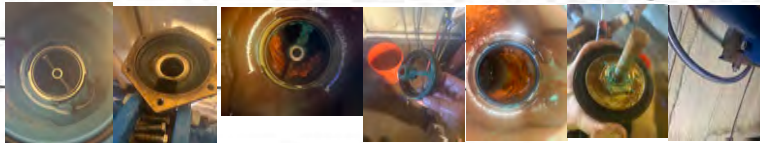
1. Sylus Varquez
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

FEMS# 3190019 WO# 20307

Description of Repairs

Replaced seats on both checks and the RV.
Cleaned and flushed device of debris



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sylus Varquez Date: 12/29/25

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: John F. Granata Date: 12/29/25

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 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 17101</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 _____ psi
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid		Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Describe repairs and materials used <u>Replaced check seat Removed debris Flushed device Flipped rubbers</u>		<u>Replaced check seat Replaced rubbers</u>		<u>Replaced RV seat Removed RV Plug Replaced RV assembly</u>	Repaired by Name <u>Sylvus Vazquez</u> Lic # <u>15090</u> Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
Final test	Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>6.4</u> psid		Closed tight <input checked="" type="checkbox"/>		Opened at <u>3.2</u> psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Water Meter Number <u>60774456</u>		Meter Reading <u>00849154.5</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.)						
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 date to be correct. <u>Sylvus Vazquez</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>John F. Granata</u> <u>AFOS</u> <u>[Signature]</u> <u>(585) 944-9099</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								

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.