

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2020

☒ Initial test - Complete entire form

☒ Annual test - Complete Part A only

Public Water Supply <u>Town of Nichols Utilities</u>		Account No.		County <u>Tioga</u>	Block	Lot
Facility Name <u>Binghamton USARC NY127</u>				Location of Device <u>Mechanical Room Bldg 2</u>		
Address <u>721 Stanton Hill Rd Nichols NY 13812</u>						
Device Information		Manufacturer <u>FEGCO</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF 850</u>	Size (in inches) <u>6</u>	Serial Number <u>N1311150826</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>80</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>3.5</u> psid	Date <u>10</u> <u>07</u> <u>20</u> M D Y
	Pressure drop across first check valve <u>7.4</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	Date _____ M D Y
	Pressure drop across first check valve _____ psid					
Water Meter Number		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> 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>Patrick Brown</u> <u>12561</u> Print Name Certified Tester No. Signature Expiration Date <u>06/30/21</u>						
Property owners (or owners agent) certification that test was performed: <u>LARS LUFFMAN</u> <u>Facility Coordinator</u> <u>910 598-7255</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.

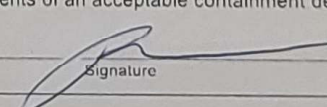
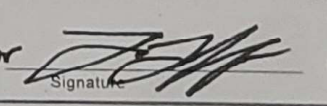
Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year

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

Public Water Supply TOWN OF NICHOLS UTILITIES		Account No.		County TIOGA	Block	Lot
Facility Name Binghamton USARC NY127				Location of Device Mechanical Room Bldg 2		
Address 721 Stanton Hill Rd, Nichols, NY 13812						
Device Information		Manufacturer Watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF009M2QT	Size (in inches) 2	Serial Number 013830
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure 65 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 2.2 psid		Date 10/07/20 M D Y	
	Pressure drop across first check valve 6 psid					
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 53041652		Meter Reading 022477		Type of Service (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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 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  06/30/21 Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: LARS LUFFMAN Facility Coordinator  910 598-7255 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

PART A

Please use a separate form for each device.

For the year

2020



Initial test - Complete entire form



Annual test - Complete Part A only

Public Water Supply TOWN OF NICHOLS UTILITIES		Account No.		County TIOGA	Block	Lot
Facility Name Binghamton USARC NY127				Location of Device RM 114 N.W. Wall		
Address 721 Stanton Hill Rd Nichols NY 13812				Mechanical room Bldg 1		
Device Information		Manufacturer Fe6co	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF850	Size (in inches) 6	Serial Number N1310180609
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure 80 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 3 psid	Date 10 07 20 M D Y
	Pressure drop across first check valve 8 psid					
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"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	Date _____ M D Y
	Pressure drop across first check valve _____ psid					
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 ☒ 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.

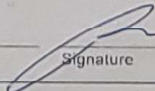
Print Name

Patrick Brown

Certified Tester No.

12561

Signature



Expiration Date

06/30/21

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

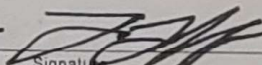
Print Name

LARS LUFFMAN

Title

Facility Coordinator

Signature



Telephone

910 598-7255

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

PART A

Please use a separate form for each device.

For the year 20 20

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

Public Water Supply <u>Town of Nichols Utilities</u>		Account No.		County <u>TIOGA</u>	Block	Lot
Facility Name <u>Binghamton USARC NY127</u>		Location of Device <u>RM 114 N.W. Wall</u>				
Address <u>721 Stanton Hill Rd Nichols NY13812</u>		<u>Mechanical room Bldg 1</u>				
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF909 MOD</u>	Size (in inches) <u>3</u>	Serial Number <u>001150</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve		Line Pressure <u>66</u> psi	
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>7</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid		Date <u>10</u> <u>07</u> <u>20</u> M D Y	
					Repaired by Name _____ Lic # _____ Date repaired: <u> </u> <u> </u> <u> </u> M D Y	
Describe repairs and materials used						
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 <u>60849016</u>		Meter Reading <u>00310700</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 data to be correct. <u>Patrick Brown</u> <u>12561</u> Print Name Certified Tester No. Signature <u>[Signature]</u> Expiration Date <u>06/30/21</u>						
Property owner's (or owner's agent) certification that test was performed: <u>LARS LUFFMAN</u> <u>Facility Coordinator</u> <u>[Signature]</u> <u>910 598-7255</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.