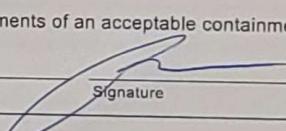
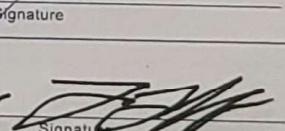


Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2020

Public Water Supply TOWN OF NICHOLS UTILITIES		Account No.		County Tioga	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>		Street	City	Zip			
Device Information	Manufacturer <u>FEFCO</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>N131150826</u>		
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>80</u> 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 <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: <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 <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) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u>					
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)							
<p>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.</p> <p>Patrick Brown <u>12561</u>  Print Name Certified Tester No. Signature</p> <p>06/30/21 Expiration Date</p>							
Property owner(s) (or owner(s) agent) certification that test was performed:							
Print Name <u>LARS LUFFMAN</u>		Title <u>Facility Coordinator</u>		 Signature			
				<u>910 598-7255</u> 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

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

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 Street City Zip						
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF009M2AT	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 Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input 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: <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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number 53041652		Meter Reading 022477		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.

Patrick Brown

12561
Certified Tester No.

Signature

06/30/21
Expiration Date

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

LARS LUFFMAN
Print Name

Facility Coordinator
Title

Signature

910 598-7255
() 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			
Street	City	Zip			
Device Information	Manufacturer Fe 6co	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 Closed tight <input checked="" type="checkbox"/>	Leaked Closed tight <input type="checkbox"/>	Opened at 3 psid	Date 10 07 20 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 <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) 9 Domestic <input checked="" type="checkbox"/> 9 Fire <input checked="" type="checkbox"/> 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.

Patrick Brown
 Print Name

12561
 Certified Tester No.

Signature

06/30/21
 Expiration Date

Property owners (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						

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. TI06A		County	Block	Lot
Facility Name BINGHAMTON USARC NY 127		Location of Device RM 114 N.W. Wall				
Address 721 STANTON HILL RD NICHOLS NY 13812		Street City Zip 3		Mechanical room Bldg 1		
Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF 909 MOD	Size (in inches) 3	Serial Number 001150	
	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"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>10 07 20</u> M D Y		
	Pressure drop across first check valve <u>7</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> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y		
	Pressure drop across first check valve _____ psid					
Water Meter Number 60849016		Meter Reading 00310700		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. <u>Patrick Brown</u> <u>12561</u> <u>Signature</u> <u>06/30/21</u> Print Name Certified Tester No. Signature Expiration Date						
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 _____ Address _____ Describe minor installation changes _____ 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.						