

### CERTIFICATION OF WORK

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

### INSPECTION, TESTING, AND CERTIFICATION OF WORK

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

FACID/Building: NY030 Date of Visit: 2-8-19

Contractor Personnel on Site:

1. Patrick Brown
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Work Performed:

#### Inspection, Testing, and Certification

1. Backflow Prevention Testing (Qty 2) (Annual) WO 7280 Asset 7245
2. WO 7280 Asset 7272
3. \_\_\_\_\_
4. \_\_\_\_\_

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-8-19

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 F. Granata AFOS Date: 8 FEB

Signed: John F. Granata

E-Mail: john.f.granata.ctr@mail.mil

ATTN: Trent Otis

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Public Water Supply Protection  
Empire State Plaza - Corning Tower Room 1110  
Albany, NY 12237

# Report on Test and Maintenance of Backflow Prevention Device

<b>PART A</b>		Please use a separate form for each device.			For the year <u>2019</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply <u>Elmira Water Board</u>		Account No.	County <u>Chemung</u>	Block	Lot	
Facility Name <u>Captin Aldendallen AFRC</u>			Location of Device <u>Boiler room N. side</u>			
Address <u>3126 Upper Lake Rd Horseheads, NY 14845</u> Street City Zip						
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909M101RP</u>	Size (in inches) <u>2</u>	Serial Number <u>318399</u>	
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>64</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>2.6</u> psid	Date <div>02 08 19</div> M D Y	
	Pressure drop across first check valve <u>5.3</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <div>  </div> M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <div>  </div> M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>1635299</u>		Meter Reading <u>0036507</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> <u>[Signature]</u> <u>6/30/21</u> Print Name Certified Tester No. Signature Expiration Date						
Property owners (or owners agent) certification that test was performed: <u>John F. Granata</u> <u>AFCS</u> <u>[Signature]</u> <u>(80) 598-6642</u> Print Name Title Signature Telephone						

<b>PART B</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.



ATTN: Trent Otis

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Bureau of Public Water Supply Protection  
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Albany, NY 12237

## Report on Test and Maintenance of Backflow Prevention Device

<b>PART A</b>		Please use a separate form for each device.				For the year <u>2019</u>	
				<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only			
Public Water Supply <u>Elmira Water Board</u>		Account No.		County <u>Chemung</u>	Block	Lot	
Facility Name <u>Captin Alden D. Allen AFRC</u>		Location of Device <u>Boiler Room Army side</u> <u>North Wall</u> <u>East</u>					
Address <u>3126 Upper Lake Rd Horseheads NY 14845</u>							
Device Information		Manufacturer <u>Watts</u>		Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909 QT</u>	Size (in inches) <u>1"</u>	Serial Number <u>624993</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>62</u> psi	
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>		Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>		Opened at _____ psid		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">020819</div> M D Y
	Pressure drop across first check valve <u>0</u> psid				<u>Did not open</u>		
Describe repairs and materials used							Repaired by Name _____ Lic # _____ Date repaired: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> M D Y
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> M D Y
	Pressure drop across first check valve _____ psid						
Water Meter Number <u>78364459</u>		Meter Reading <u>00,000.1 x100</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 type="checkbox"/> meets, <input checked="" 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>6,30,21</u> Print Name Certified Tester No. Signature Expiration Date							
Property owners (or owners agent) certification that test was performed: <u>John F. Granata</u> <u>AFCS</u> <u>[Signature]</u> <u>(910) 596-6642</u> Print Name Title Signature Telephone							

<b>PART B</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.

DO NOT REMOVE  
BACKFLOW INSPECTION

Year	Inspected	Inspector	Signature	Date
2018				
2017				
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Tidewater, Inc.  
Fogarty Branch  
3131 W 72nd St  
Mpls, MN 55425

WATTS  
REGULATOR  
1/2" x 1/2"

WATTS  
REGULATOR  
1/2" x 1/2"





