

**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. <u>Patrick Brown</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

**Work Performed:**

**Inspection, Testing, and Certification**

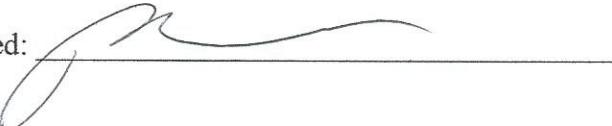
1. Backflow Prevention Testing (Qty 2) (Annual) WO 7280 Asset 7245
2. WO 7280 Asset 7272
3. \_\_\_\_\_
4. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

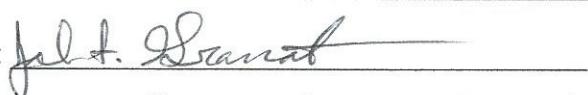
Print Name: Patrick Brown Date: 2-8-19

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: 

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

**PART A**

Please use a separate form for each device.

For the year 2019

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

|   |  |   |                                    |   |
|---|--|---|------------------------------------|---|
| Public Water Supply<br><u>Elmira Water Board</u>        | Account No.  | County<br><u>Chemung</u>  | Block                              | Lot   |
| Facility Name <u>Captain Alden D Allen AFRC</u>         | Location of Device <u>Boiler room Navy side</u>  |   |                                    |   |
| Address <u>3126 Upper Lake Rd, Horseheads, NY 14845</u> | Street   | City  | Zip                                |   |
| Device Information                                      | Manufacturer<br><u>Watts</u>   | Type<br><input checked="" type="checkbox"/> RPZ<br><input type="checkbox"/> DCV   | Model<br><u>909 M101 RP</u>        | Size (in inches)<br><u>2</u>  |
|   | Check Valve No. 1  | Check Valve No. 2   | Differential Pressure Relief Valve | Line Pressure <u>64</u> psi   |
| Test before repair                                      | Leaked <input checked="" type="checkbox"/><br>Closed tight <input checked="" type="checkbox"/> | Leaked <input type="checkbox"/><br>Closed tight <input checked="" type="checkbox"/>   | Opened at <u>2.6</u> psid          | Date <u>02 08 19</u><br>M D Y   |
| Describe repairs and materials used                     |  |   |                                    | Repaired by<br>Name _____<br>Lic # _____<br>Date repaired:<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>M D Y |
| Final test  | Closed tight <input type="checkbox"/>  | Closed tight <input type="checkbox"/>   | Opened at _____ psid               | Date <u>  </u><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>M D Y   |
| Pressure drop across first check valve <u>5.3</u> psid  |  |   |                                    |   |
| Water Meter Number<br><u>1635299</u>                    | Meter Reading<br><u>0036507</u>  | Type of Service: (check one)<br><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  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

6/30/21

Expiration Date

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

John F. Granata

AFOS

(80) 588-6642

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                                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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)

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

**PART A**

Please use a separate form for each device.

For the year 2019

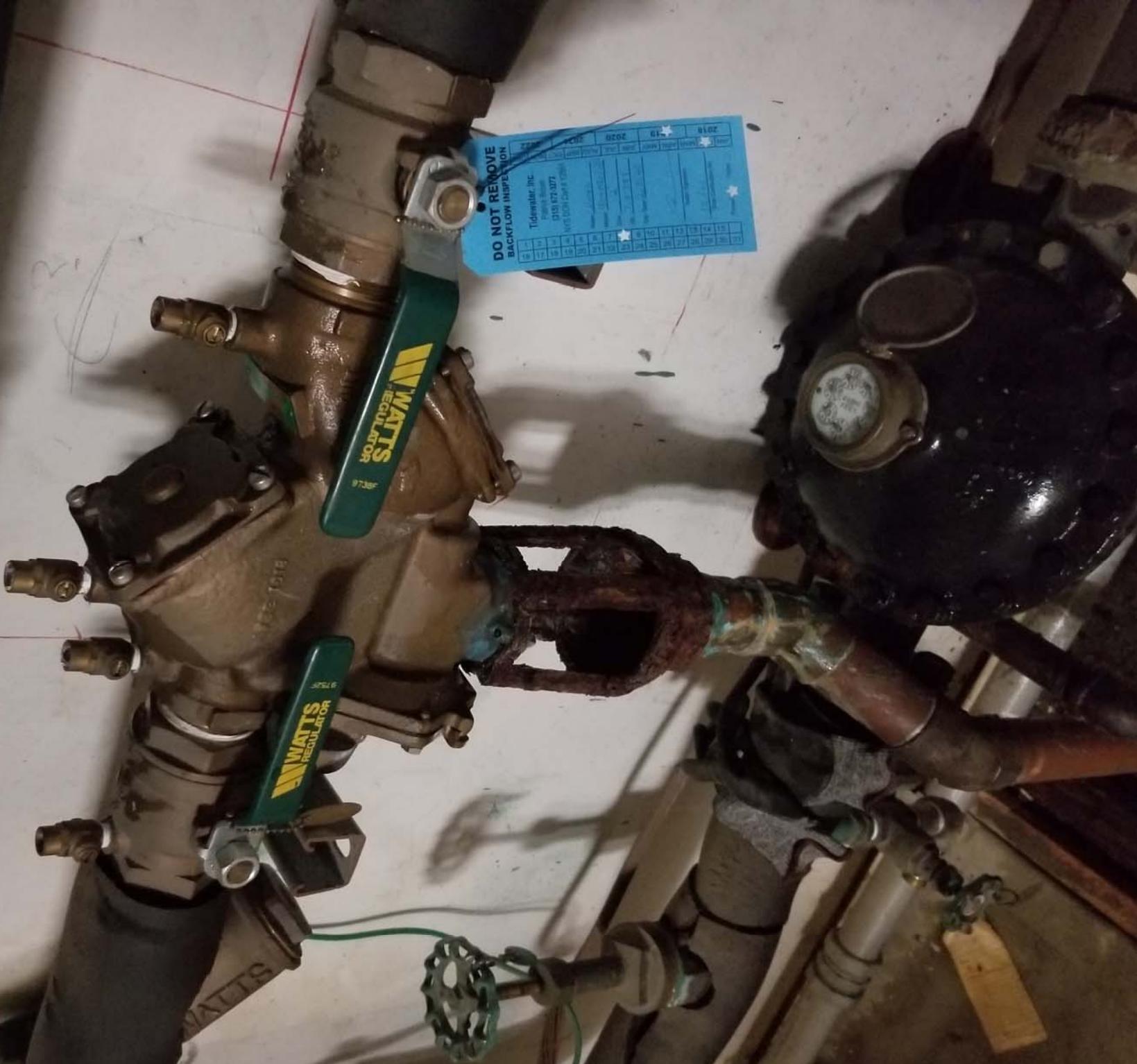
Initial test - Complete entire form  
 Annual test - Complete Part A only

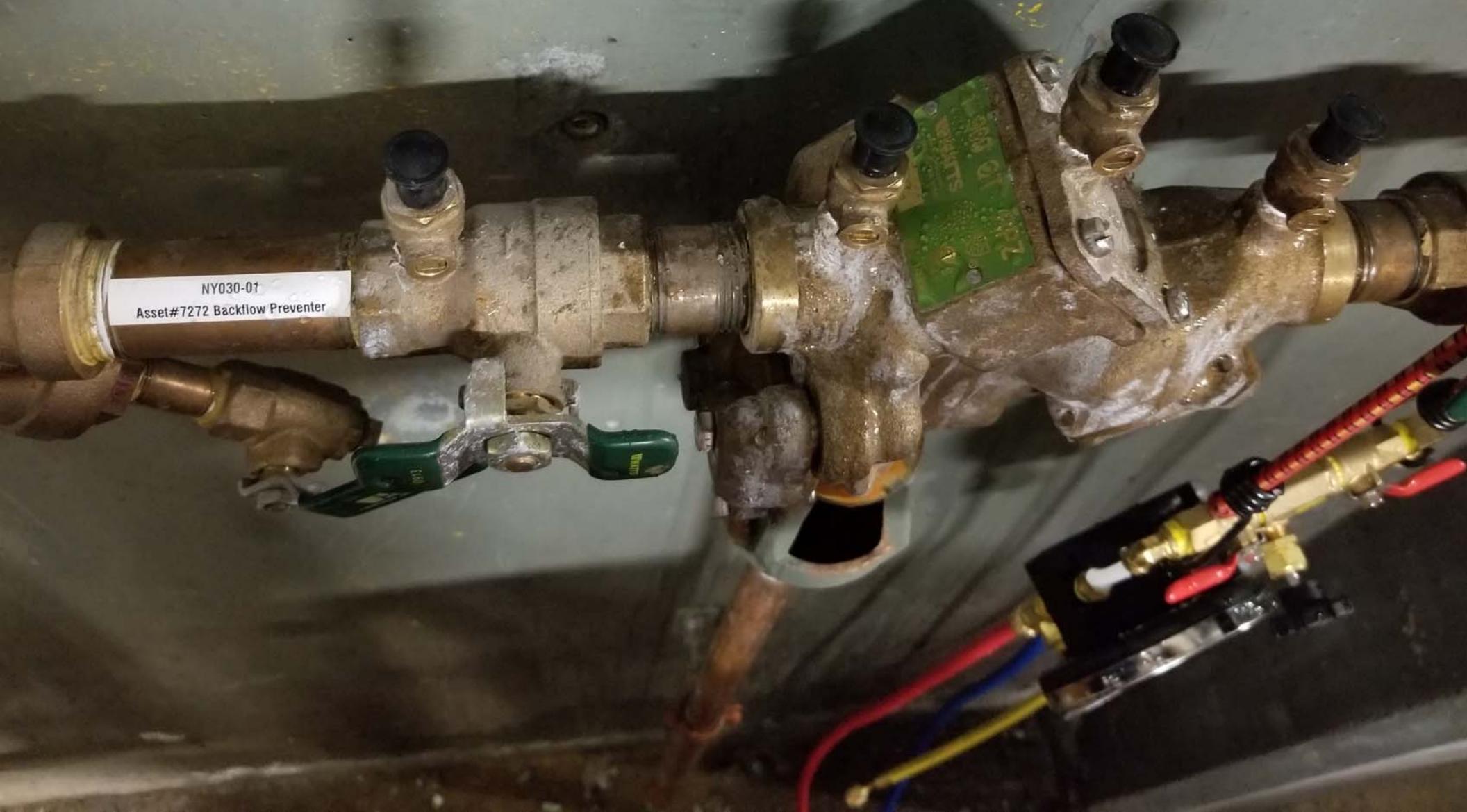
|  |   |  |   |   |                                |
|--|---|--|---|---|--------------------------------|
| Public Water Supply<br><u>EIMira Water Board</u>   |   | Account No.  | County<br><u>Chemung</u>                    | Block   | Lot                            |
| Facility Name <u>Captain Alden D. Allen AFRC</u><br>Address <u>3126 Upper Lake Rd Horseheads NY 14845</u><br>Street <u></u> City <u></u> Zip <u></u>   |   | Location of Device<br><u>Boiler Room Army side</u><br><u>North Wall</u><br><u>East</u> |   |   |                                |
| Device Information   | Manufacturer<br><u>Watts</u>  | Type<br><input checked="" type="checkbox"/> RPZ<br><input type="checkbox"/> DCV        | Model<br><u>909 QT</u>                      | Size (in inches)<br><u>1"</u>   | Serial Number<br><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"/><br>Closed tight <input type="checkbox"/> | Leaked <input checked="" type="checkbox"/><br>Closed tight <input type="checkbox"/>    | Opened at _____ psid<br><u>Did not open</u> | Date<br><u>02 08 19</u><br>M D Y  |                                |
|  | Pressure drop across first check valve _____ psid<br><u>0</u>                       |  |   |   |                                |
| Describe repairs and materials used  |   |  |   | Repaired by<br>Name _____<br>Lic # _____<br>Date repaired:<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>M D Y |                                |
| Final test   | Closed tight <input type="checkbox"/>   | Closed tight <input type="checkbox"/>  | Opened at _____ psid                        | Date<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>M D Y   |                                |
|  | Pressure drop across first check valve _____ psid<br><u>0</u>                       |  |   |   |                                |
| Water Meter Number<br><u>7836 4459</u>   | Meter Reading<br><u>00,000,1 X100</u>   | Type of Service: (check one)<br><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.)   |   |  |   |   |                                |
| 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<br>I hereby certify the foregoing data to be correct.<br><u>Patrick Brown</u> <u>12561</u> <u>6/30/21</u><br>Print Name Certified Tester No. Signature Expiration Date |   |  |   |   |                                |
| Property owner(s) (or owner(s) agent) certification that test was performed:<br><u>John F. Granata</u> <u>AFCS</u> <u>J. F. Granata</u> <u>(910) 586-6642</u><br>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 ( )   |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>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)





NY030-01  
Asset#7272 Backflow Preventer