

# 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>2023</u>                                                                                                                                                                                                  |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                 |                                                                                     |                                                                                     |                                                                                                                                                                               | <input type="checkbox"/> Initial test - Complete entire form<br><input checked="" type="checkbox"/> Annual test - Complete Part A only                                                                                    |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Public Water Supply<br><b>EWB</b>                                                                                                                                                                                                               |                                                                                     | Account No.                                                                         |                                                                                                                                                                               | County<br><b>CHEMUNG</b>                                                                                                                                                                                                  | Block                          | Lot |   |   |   |   |   |   |   |   |   |  |  |  |
| Facility Name<br><b>CPT ALDEN D ALLEN AFRC</b>                                                                                                                                                                                                  |                                                                                     |                                                                                     | Location of Device<br><b>boiler room behind expansion tanks</b>                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Address<br><b>3126 UPPER LAKE RD HORSEHEADS</b>                                                                                                                                                                                                 |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| City<br><b>NY 14845</b>                                                                                                                                                                                                                         |                                                                                     |                                                                                     | Zip                                                                                                                                                                           |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Device Information                                                                                                                                                                                                                              | Manufacturer<br><b>WATTS</b>                                                        | Type<br><input checked="" type="checkbox"/> RPZ<br><input type="checkbox"/> DCV     | Model<br><b>LF909 QT RPZ</b>                                                                                                                                                  | Size (in inches)<br><b>1</b>                                                                                                                                                                                              | Serial Number<br><b>070678</b> |     |   |   |   |   |   |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                 | Check Valve No. 1                                                                   | Check Valve No. 2                                                                   | Differential Pressure Relief Valve                                                                                                                                            | Line Pressure <u>70</u> psi                                                                                                                                                                                               |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Test before repair                                                                                                                                                                                                                              | Leaked <input type="checkbox"/><br>Closed tight <input checked="" type="checkbox"/> | Leaked <input type="checkbox"/><br>Closed tight <input checked="" type="checkbox"/> | Opened at <u>3.6</u> psid                                                                                                                                                     | Date<br><table border="1"><tr><td>0</td><td>4</td><td>2</td><td>6</td><td>2</td><td>3</td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>                                                 |                                |     | 0 | 4 | 2 | 6 | 2 | 3 | M | D | Y |  |  |  |
|                                                                                                                                                                                                                                                 | 0                                                                                   | 4                                                                                   | 2                                                                                                                                                                             | 6                                                                                                                                                                                                                         | 2                              | 3   |   |   |   |   |   |   |   |   |   |  |  |  |
| M                                                                                                                                                                                                                                               | D                                                                                   | Y                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                 | Pressure drop across first check valve<br><u>8.2</u> psid                           |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Describe repairs and materials used                                                                                                                                                                                                             |                                                                                     |                                                                                     |                                                                                                                                                                               | Repaired by<br>Name _____<br>Lic # _____<br>Date repaired:<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table> |                                |     |   |   |   |   |   |   | M | D | Y |  |  |  |
|                                                                                                                                                                                                                                                 |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| M                                                                                                                                                                                                                                               | D                                                                                   | Y                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Final test                                                                                                                                                                                                                                      | Closed tight <input type="checkbox"/>                                               | Closed tight <input type="checkbox"/>                                               | Opened at _____ psid                                                                                                                                                          | Date<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>                                                       |                                |     |   |   |   |   |   |   | M | D | Y |  |  |  |
|                                                                                                                                                                                                                                                 |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| M                                                                                                                                                                                                                                               | D                                                                                   | Y                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                 | Pressure drop across first check valve _____ psid                                   |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Water Meter Number<br><b>78364459</b>                                                                                                                                                                                                           |                                                                                     | Meter Reading<br><b>00,000,1 x100</b>                                               | Type of Service: (check one)<br><input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other <u>Boiler</u> |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)<br><b>This device replaced backflow serial # 624943 exact replacement</b>          |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| 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<br>I hereby certify the foregoing data to be correct. |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Patrick Brown                                                                                                                                                                                                                                   |                                                                                     | 12561                                                                               | Signature                                                                                                                                                                     |                                                                                                                                                                                                                           | 06/30/24                       |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Print Name                                                                                                                                                                                                                                      |                                                                                     | Certified Tester No.                                                                |                                                                                                                                                                               |                                                                                                                                                                                                                           | Expiration Date                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Property owners (or owners agent) certification that test was performed:                                                                                                                                                                        |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           |                                |     |   |   |   |   |   |   |   |   |   |  |  |  |
| S.F.C. JORDAN FARR SR HR                                                                                                                                                                                                                        |                                                                                     | Title                                                                               | Signature                                                                                                                                                                     |                                                                                                                                                                                                                           | 941,932-5028                   |     |   |   |   |   |   |   |   |   |   |  |  |  |
| Print Name                                                                                                                                                                                                                                      |                                                                                     |                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                           | 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.

DOH- 1013(9/91)

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)**  
**REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

**PART A - To Be Completed by Certified Tester**

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
  - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
  - C Whether check valve #2 leaked or closed tight.
  - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
  - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

**PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only**

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.