

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: NY032 Date of Visit: 2-8-19

Contractor Personnel on Site:

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

Work Performed:

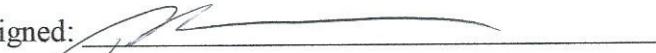
Inspection, Testing, and Certification

1. Backflow Prevention Testing (Qty 1) (Annual) WO 7288 Asset 7271
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

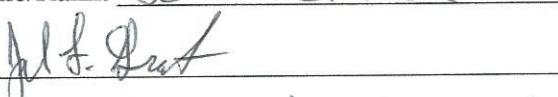
Print Name: Patrick Brown Date: 2-8-19

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. Gravata AFOS Date: 8 FEB 08

Signed: 

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

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 <i>Elmira Water Board</i>		Account No.	County <i>Chemung</i>	Block	Lot
Facility Name <u>Captin Alden 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 <i>Watts</i>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <i>909 M101 RP</i>	Size (in inches) <i>2</i>	Serial Number <i>318399</i>
	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 <u>02 08 19</u> M D Y	
	Pressure drop across first check valve <u>.518</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 <i>1635299</i>	Meter Reading <i>0036507</i>	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 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

PM

6/30/21

Expiration Date

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

John F. Granata

AFCS

J.H. Granat

(80) 586-6642

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				

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 <i>ElMira Water Board</i>		Account No.	County <i>Chemung</i>	Block	Lot
Facility Name <u>Captain Alden D. Allen AFRC</u>		Location of Device <i>Boiler Room Army side</i>			
Address <u>3126 Upper Lake Rd Horseheads NY 14845</u>		Street	City	Zip	<i>North Wall</i>
Device Information <i>Watts</i>		Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <i>909 QT</i>	Size (in inches) <i>1"</i>	Serial Number <i>624993</i>
		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 <i>Did not open</i>	Date <u>02 08 19</u> M D Y	
	Pressure drop across first check valve <u>0</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 <i>7836 4459</i>	Meter Reading <i>00,000,1 X 100</i>	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 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

AFCS

(910) 586-6642

Telephone

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Name	Title	Date	<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				

