

### 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. \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

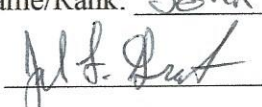
Print Name: Patrick Brown Date: 2-8-19

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 08

Signed: 

E-Mail: john.f.granata.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 <u>Elmira Water Board</u>		Account No.		County <u>Chemung</u>	Block	Lot						
Facility Name <u>Captin Alden Dallen AFRC</u>				Location of Device <u>Boiler room N.W. side</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 M101 RP</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 <table border="1"><tr><td>02</td><td>08</td><td>19</td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table>		02	08	19	M	D	Y
	02	08	19									
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: <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</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 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table>					M	D	Y
M	D	Y										
Pressure drop across first check valve _____ psid												
Water Meter Number <u>1635 299</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>(20) 586-6642</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		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)



## 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 <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> Street City Zip						
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 <u>Did not open</u>		Date <u>02</u> <u>08</u> <u>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: <u>  </u> <u>  </u> <u>  </u> M D Y	
					Date <u>  </u> <u>  </u> <u>  </u> M D Y	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <u>  </u> <u>  </u> <u>  </u> M D Y	
Water Meter Number <u>7836 4459</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) 598-6642</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		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)



**DO NOT REMOVE**  
**BACKFLOW INSPECTION**

Year	Inspected	Inspector	Signature	Date
2018				
2019				
2020				
2021				
2022				
2023				
2024				

Tidewater, Inc.  
Public Works  
NYSDOH Cert # 12061

Model: TK-9S  
Serial: 759646  
Date: 11-16-16  
Buffalo Backflow: 716-776-8157

