

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051-01 Date of Visit: 9-17-19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO 5110 ASSET 10064
2. WO 5134 ASSET 10064
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9-17-19

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: SFC ERIC ABBOTT Date: 9-17-19

Signed: 

E-Mail: _____

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>Oswego</u> | | Account No. | | County <u>Oswego</u> | Block | Lot | | | | | | |
| Facility Name <u>Fort Ontario USARC</u> | | | | Location of Device <u>Mechanical Room #133</u> | | | | | | | | |
| Address <u>60 East Ninth St Oswego NY 13126</u> Street City Zip | | | | <u>West Wall</u> | | | | | | | | |
| Device Information | Manufacturer <u>Watts</u> | Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV | Model <u>009 RP</u> | Size (in inches) <u>3</u> | Serial Number <u>21718</u> | | | | | | | |
| Check Valve No. 1 | | Check Valve No. 2 | | Differential Pressure Relief Valve | Line Pressure <u>80</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>09</td><td>17</td><td>19</td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table> | | 09 | 17 | 19 | M | D | Y |
| | 09 | 17 | 19 | | | | | | | | | |
| M | D | Y | | | | | | | | | | |
| Pressure drop across first check valve <u>2.4</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>7840 1691</u> | | Meter Reading <u>0286 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 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>06/30/21</u> Print Name Certified Tester No. Signature Expiration Date | | | | | | | | | | | | |
| Property owners (or owners agent) certification that test was performed: <u>SFC Eric Abbott</u> <u>MFIC</u> <u>EC Waffar</u> <u>(315) 343 7430</u> Print Name Title Signature Telephone | | | | | | | | | | | | |

PART B

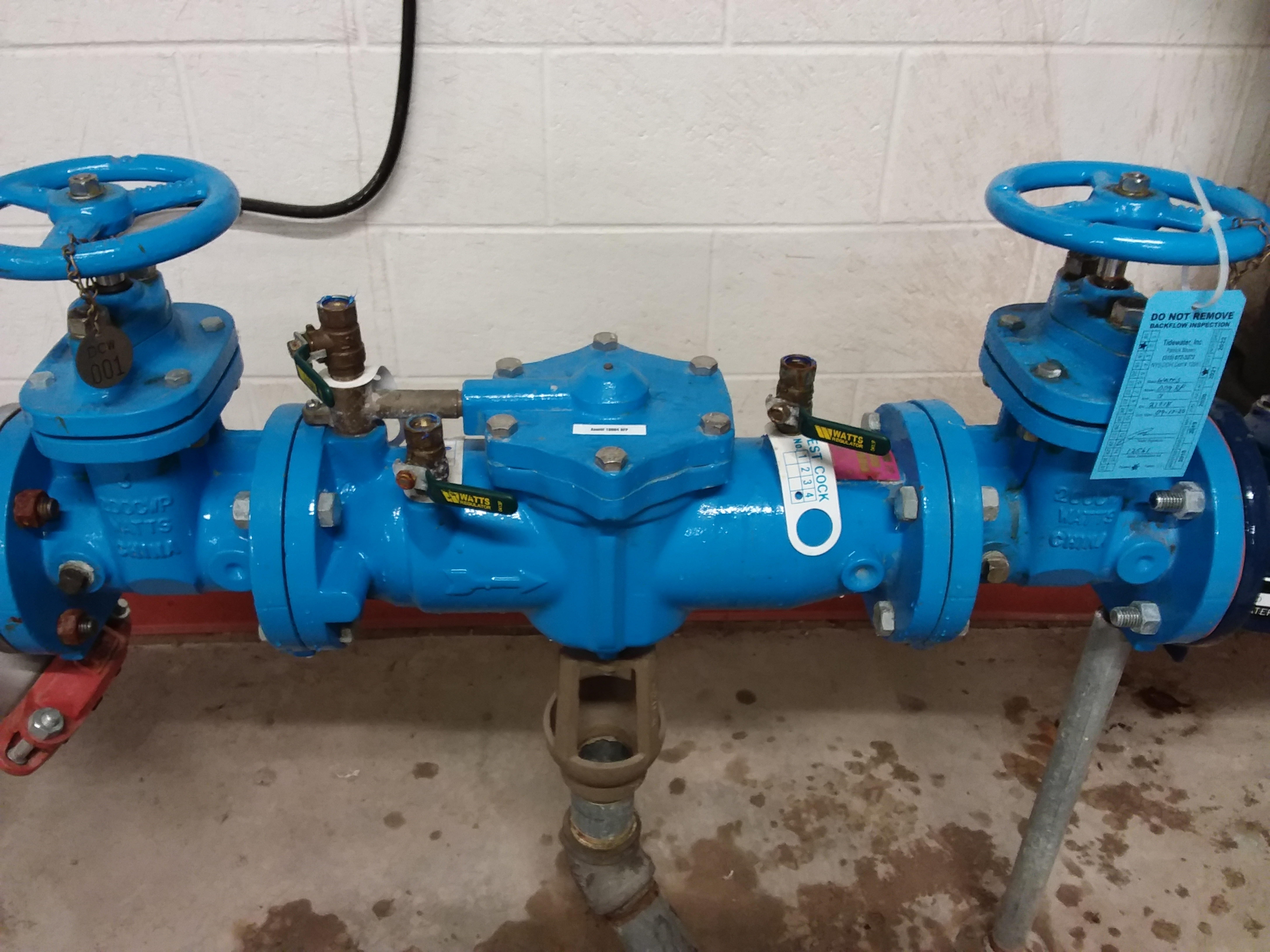
Certification that installation is in accordance with the approved plans.

(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.



DCW
001

Model 1000A RPT

TEST COCK
No 1 2 3 4

**DO NOT REMOVE
BACKFLOW INSPECTION**

| | |
|-----------------------|-----------------|
| Inspector | TideWater, Inc. |
| Inspector Name | Patrick Brown |
| Inspector License No. | 0150 672-5273 |
| Inspector State | NY |
| Inspector City | NY |
| Inspector Zip | 10001 |
| Inspector Title | Inspector |
| Inspector Date | 07-17-20 |
| Inspector Signature | [Signature] |
| Inspector Stamp | [Stamp] |