

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: NY052

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 7282 Asset 7254
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. Granata AFOS Date: 8 FEB 19

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 _____

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

Public Water Supply <u>Pen Yan</u>		Account No.		County <u>Yates</u>	Block	Lot
Facility Name <u>Olaf A. Fredersjken LLC</u>				Location of Device <u>Boiler room</u>		
Address <u>198 Cornwell St, Penn Yan, NY 14527</u>						
Device Information		Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909M2 QTR</u>	Size (in inches) <u>2</u>	Serial Number <u>454440</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>66</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>2.2</u> psid		Date <u>02</u> <u>08</u> <u>19</u> M D Y
	Pressure drop across first check valve <u>8.4</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		Meter Reading		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> 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>AFOS</u> <u>[Signature]</u> <u>(915) 588-6642</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)

