

Additional Funding Request

Site: NY058	WO# 12274 CSS # 29456
Description of Repairs	Replaced defective diaphragm and worn springs and worn rings on 975XL Wilkins RPZ 2"
Diagnosis: Initial Work Order	Diagnose and repair overflowing backflow tied into the OMS.
Explanation of Additional Costs for Repairs	
Additional Labor Cost to Perform Repairs	2 HS @ \$185.00= \$370.00
Additional Material Cost to Perform Repairs	475.00
Total Cost of Repair	\$845.00



ESTIMATE 031121 CSS29456

Bill To		Ship To	
Customer	International Support Group M DUBOIS,	Recipient	99 RD DPW R Linn
Customer ID#	NY058 (OMS BLDG)	Address	Ernie Pyle USARC BLDG 206 Ft Totten NY
Address	9050 Pines Blvd STE 150 Pembroke Pines FL 33024	Phone	718 631 6188
Phone	954 900 1095		
Payment Due	NET 30	Delivery Date	N/A
Salesperson	JW	Shipping Method	N/A
Payment Terms	N/A	Shipping Terms	N/A

Qty .	Item #	Description	Unit Price	Line Total
1	1	<p>NY058 OMS MECHANICAL ROOM LEAKING BACKFLOW DEVICE INSPECTED 1EA WILKINS 2' MODEL 975XL RPZ DEVICE</p> <p>DEVICE IS DEFECTIVE WITH A CUT DIAPHRAGM , WORN SPRING AND WORN O RINGS</p> <p>MATERIAL</p> <p>WILKINS 2" MODEL REBUILD KIT</p> <p>LABOR 2 HRS @ \$185.00 PER HOUR</p> <p>TOTAL</p>		<p>\$475.00</p> <p>\$370.00</p> <p>\$845.00</p>

ACAV Services

11 Snug Cove Lane
Bayville NY 11709
Jacka377@verizon.net
516 941 6581

CERTIFICATION OF WORK

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

FACID/Building: NY058 MAIN Pump House Date of Visit: 9/13/20

Contractor Personnel on Site:

1. J. Wonn
2. MTEE DONNEL

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

Asset #	Qty	Asset Description
	4	Inspected 4 Back Flow Devices
		2 ea MAIN Pump House
		1 ea OMS
		1 ea MAIN Boiler Room
		Will file report with SUFFOLK COUNTY WATER
		ALL PASSED

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JACK WONN Date: 9/13/20

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Banner

Date: 9/18/20

Signed: [Signature]

E-Mail: _____

We performed the following backflow device testing:

	Mfg	RPZ	DCV	Model	Size	Serial #	Pass	Fail	Pressure	Diff. Press.	Line	Price
									Drop 1st Ck	RV-Open'd	PSI	
1)	Wilkens	x		754	2	3425565	x		9.8	2.4	54	
Meter #:							Reading:		Location: <i>Wright St</i>			
2)	WILKS	x		464	3	190857	x		2.4	2.4	56	
Meter #:							Reading:		Location: <i>Wright St - back of house</i>			
3)	Wilkens	x		375	6	LS304	x		P. 2	2.4	68	
Meter #:							Reading:		Location: <i>Brick Street</i>			
4)	WILKINS	x		375	6	LS8130	x		P. 4	2.6	68	
Meter #:							Reading:		Location: <i>Brick Street</i>			
5)												
Meter #:							Reading:		Location:			
Subtotal												\$

We performed the following repairs:

Subtotal												\$

Remarks:

Sales Tax												\$
Pay This Amount												\$

BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.

Received by:

[Signature]

