

Name	U.S. Army Reserves						Service Date: 8/20/19
Street Address	200 Route 25A						Tech Name: JN/MB
City, State Zip	Shoreham NY 11786						WO#:
Contact Name:							Contact Tel: ( ) -
Terms: Due Upon Receipt							

**TEST RESULTS SUBMITTED TO AUTHORITIES UPON RECEIPT OF PAYMENT.**  
 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)	Wilkins	X		975XL	2	3425565	X		9.0	2.2	65	
	Meter #:			Reading:					Location: Maint Shop - outside outgnt			
2)	Watts	X		909	3	190857	X		7.6	2.2	65	
	Meter #:			Reading:					Location: Main building - boiler rm			
3)	Wilkins	X		375	6	458504	X		7.6	2.4	78	
	Meter #:			Reading:					Location: brick shed			
4)	Wilkins	X		375	6	496130	X		9.0	2.4	78	
	Meter #:			Reading:					Location: brick shed			
5)												
	Meter #:			Reading:					Location:			
									Subtotal		\$	

We performed the following repairs:

Remarks:	Subtotal	\$
Key out opens fence to main shop		
Maintenance boiler room		
BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.	Sales Tax Pay This Amount	\$
	Received by:	

## SUFFOLK COUNTY WATER AUTHORITY

4060 Sunrise Hwy/PO BOX 38

Oakdale NY 11769

(631) 563-0265 (Ph) (631) 218-1145 (Fax)

REPORT ON TEST AND MAINTENANCE  
OF BACKFLOW PREVENTION DEVICE (215B)

Annual Test

For the Year 2019

A separate form must be completed for each device

SCWA CA # 3000387145

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED TO THE CUSTOMER  
DV1 of 4

Facility Name <u>US Army Reserves</u>			Location of RPZ/DCV Maint shop - mechanical room		
Address <u>200 Route 25A, Shoreham 11786</u> Street _____ City _____ Zip _____					
Device Information	Manufacturer <u>Wilkins</u>	RPZ <u>X</u> DCV _____	Model <u>975XL</u>	Size (in inches) <u>2</u>	Serial Number <u>3425565</u>
Test before repair	Check Valve No 1  Leaked _____ Closed Tight _____  Pressure drop across 1" check valve _____ psid	Check Valve # 2  Leaked _____ Closed Tight _____	Differential Pressure Relief Valve  Opened at _____ psid	Line Pressure _____ psid  Date Tested (m/d/y) <u>  /  /  </u>	
Describe repairs & materials used				Repaired by  Name _____ Lic # _____  Date Repaired <u>  /  /  </u>	
Final test	Closed tight _____  Pressure drop across 1" check valve _____	Closed tight _____	Opened at _____ psid	Date (m/d/y) <u>  /  /  </u>	
Water Meter #	Meter Reading	Type of Service: (check one) Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other <input type="checkbox"/>			
Remarks: Describe deficiencies, bypasses, outlets before device, connections between device and point of entry, missing/inadequate air gaps 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					
Michael Bonney Backflow Tester Name (Print)		04762	12/31/21	49777-BF	Signature _____
Michael T. Bonney Master Plumber's Name (Print)		4762	12/31/21	49777-BF	Signature _____
Islip #883 Babylon #1380		NYS Cert #	Exp Date	Consumer Affairs #	Signature _____
Southampton #RP80019 Suffolk Cnty #3242-MP		Huntington	#987		
Licensing Jurisdiction  USAR - 99th RD by Robert Bennett <u>X</u> <u>Robert Bennett</u> 646-996-8561 Customer's name (Print) _____ Signature (Certification that test was performed) _____ Phone # _____					

NOTE: Send one completed copy to the designated health department representative and one copy to SCWA within 30 days of test. Notify owner and SCWA immediately if device fails test and repairs cannot immediately be made.

BACKFLOW SPECIALISTS, INC., 63 Greeley Avenue, Sayville, NY 11782 (631) 567-8382

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