

Name <b>US Army Reserves</b>		Service Date: <b>8/20/19</b>
Street Address <b>200 Route 25A</b>		Tech Name: <b>JN / MB</b>
City, State Zip <b>Shoreham NY 11786</b>		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 Drop 1st Ck	Diff. Press. RV-Open'd	Line PSI	Price
1)	Wilkins	X		975XL	2	3425565	X		9.0	2.2	65	
	Meter #:			Reading:					Location: Maint Shop - outside outlet			
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: back 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) 563-0266 (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 <u>Maint shop - mechanical room</u>	
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>
	Check Valve No 1	Check Valve # 2	Differential Pressure Relief Valve
Test before repair	Leaked _____ Closed Tight _____  Pressure drop across 1" check valve _____ psid	Leaked _____ Closed Tight _____	Opened at _____ psid
Describe repairs & materials used			Line Pressure _____ psi  Date Tested (m/d/y) ____/____/____
Final test	Closed tight _____  Pressure drop across 1" check valve _____	Closed tight _____	Opened at _____ psid  Date (m/d/y) ____/____/____
Water Meter #	Meter Reading	Type of Service: (check one) Domestic _____ Fire _____ Irrigation _____ Other _____	
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			
Backflow Tester Name (Print) <u>Michael Bonney</u>		NYS Cert # <u>04762</u> Exp Date <u>12/31/21</u>	Consumer Affairs # <u>49777-BF</u>
Master Plumber's Name (Print) <u>Michael T. Bonney</u>		NYS Cert # <u>4762</u> Exp Date <u>12/31/21</u>	Consumer Affairs # <u>49777-BF</u>
Isip #883 Southampton #RP80019 Babylon #1380 Suffolk Cnty #3242-MP		Huntington #987	Signature <u>[Signature]</u>
Licensing Jurisdiction		License #	Signature <u>[Signature]</u>
Customer's name (Print) <u>USAR - 99th RD by Robert Bennett</u>		Signature (Certification that test was performed) <u>Robert Bennett</u>	Phone # <u>646-996-8561</u>

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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