

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		
Sales Tax		\$
Pay This Amount		\$
BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.		
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 # 3000387141

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED TO THE CUSTOMER  
DV2 of 4

Facility Name <u>US Army Reserves</u>			Location of RPZ/DCV <u>Main building - boiler room</u>		
Address <u>200 Route 25A, Shoreham 11786</u> Street      City      Zip					
Device Information	Manufacturer <u>Watts</u>	RPZ <input checked="" type="checkbox"/> DCV <input type="checkbox"/>	Model <u>909</u>	Size (in inches) <u>3</u>	Serial Number <u>190857</u>
Test before repair	Check Valve No 1		Check Valve # 2	Differential Pressure Relief Valve	Line Pressure <u>  </u> psi
	Leaked <u>  </u>	Closed Tight <u>  </u>	Leaked <u>  </u>	Closed Tight <u>  </u>	Opened at <u>  </u> psid
Pressure drop across 1 <sup>st</sup> check valve <u>  </u> psid			Date Tested (m/d/y) <u>  /  /  </u>		
Describe repairs & materials used			Repaired by Name <u>  </u> Lic # <u>  </u> Date Repaired <u>  /  /  </u>		
Final test	Closed tight <u>  </u>		Closed tight <u>  </u>	Opened at <u>  </u> psid	Date (m/d/y) <u>  /  /  </u>
	Pressure drop across 1 <sup>st</sup> check valve <u>  </u>				
Water Meter #	Meter Reading		Type of Service: (check one) Domestic <input 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 <u>  </u> does NOT meet <u>  </u> 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      Southampton #RP80019 Babylon #1380      Suffolk Cnty #3242-MP		NYS Cert #	Exp Date	Consumer Affairs #	
Licensing Jurisdiction USAR - 99th RD by Robert Bennett		License #		Signature	
Customer's name (Print)		<u>X</u> Robert Bennett Signature (Certification that test was performed)		646-996-8561 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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