

# Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2023

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

Public Water Supply

TOWN OF TOWANDA

Account No.

County

ERIE

Block

Lot

NY065 PFC CHARLES DEGLOPPER

Facility Name

2393 colvin blvd tonawanda ny 14150

Address

Street

City

Zip

Location of Device

RM 108 closet

Device Information

Manufacturer

WATTS

Type

- ☒ RPZ  
☐ DCV

Model

909M1 QT RP

Size (in inches)

2

Serial Number

450417

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief Valve

Line Pressure \_\_\_\_\_ psi

Test before repair

Leaked ☐  
Closed tight ☒

Pressure drop across first check valve  
8.5 psid

Leaked ☐  
Closed tight ☒

Opened at 2.2 psid

Date

03 06 23

M D Y

Describe repairs and materials used

Repaired by

Name \_\_\_\_\_

Lic # \_\_\_\_\_

Date repaired:

\_\_\_\_

M D Y

Final test

Closed tight ☐

Pressure drop across first  
check valve \_\_\_\_\_ psid

Closed tight ☐

Opened at \_\_\_\_\_ psid

Date

\_\_\_\_

M D Y

Water Meter Number

75164778

Meter Reading

00,801,7 x100

Type of Service: (check one)

9 Domestic 9 Fire 9 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 ☒ 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

Patrick Brown

12561

Print Name

Certified Tester No.

Signature

Expiration Date

Property owner's (or owner's agent) certification that test was performed:

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)

**INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)**  
**REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE**

**PART A - To Be Completed by Certified Tester**

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
  - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
  - C Whether check valve #2 leaked or closed tight.
  - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
  - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

**PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only**

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.