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

INSPECTION, TESTING, AND CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY070 Date of Visit: 2-7-19

Contractor Personnel on Site:

1. Patrick Brown
2.
3.
4.
5.
6.

Work Performed:

Inspection, Testing, and Certification

1. Backflow Prevention Testing (Qty 1) (Annual) WO 7286 Asset 7262
2. WO 7286 Asset 7265
3. tested a 3Rd RPZ in Hot Box that was not on COW
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-7-19

Signed:

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: John F. Granata AFOS Date: 7 FEB 19

Signed:

E-Mail: john.f.granata.ctr@mail.mil

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A — Please use a separate form for each device.

For the year 2019
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
M.C.W.A.		Monroe		

Facility Name: Major D.W. Holleder USARC
Address: 515 Ridge Road, Webster NY 14580 (Street / City / Zip)

Location of Device: Hot Box North west Corner Of Site

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Febco	☒ RPZ ☐ DCV	826YD	8	N13051308 34

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 65 psi
Test before repair	Leaked ☐ Closed tight ☒ Pressure drop across first check valve 6.4 psid	Leaked ☐ Closed tight ☒	Opened at 2.9 psid	Date 02 07 19 (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	Meter Reading	Type of Service: (check one)
18504635 04	N/A	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.

Print Name	Certified Tester No.	Signature	Expiration Date
Patrick Brown	12561		6/30/21

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

Print Name	Title	Signature	Telephone
John F. Granata	AFOS	John F. Granata	(913) 588-6642

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City / State / Zip
Signature

Describe minor installation changes

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)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A — Please use a separate form for each device.

For the year 2019
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
M.C.W.A.		Monroe		

Facility Name: Major DW Holleder USARC
Address: 515 Ridge Road, Webster, NY 14580 (Street, City, Zip)
Location of Device: Hot Box North west corner of lot

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Watts	☒ RPZ ☐ DCV	LF 909 RP	4	16892

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 62 psi
Test before repair	Leaked ☐ Closed tight ☒ Pressure drop across first check valve 6 psid	Leaked ☐ Closed tight ☒	Opened at 2.4 psid	Date 02 07 19 (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	Meter Reading	Type of Service: (check one)
74705233	7,330	(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.

Print Name	Certified Tester No.	Signature	Expiration Date
Patrick Brown	12561		6/30/21

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

Print Name	Title	Signature	Telephone
John F. Granata	AFOS	John F. Granata	(910) 588-6642

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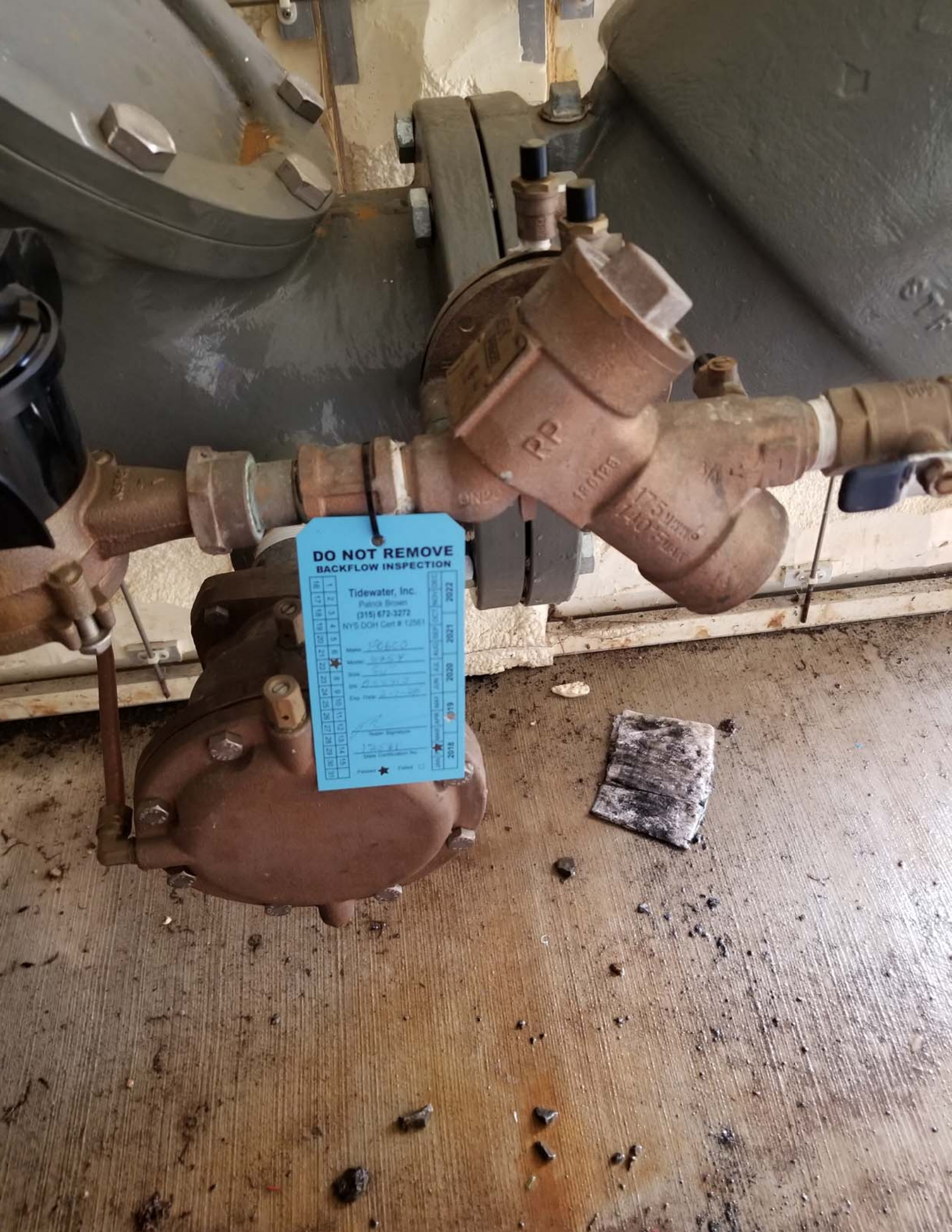
DOH- 1013(9/91)


RP
DO NOT REMOVE
BACKFLOW INSPECTION
Tidewater, Inc.
Patrick Brown
(315) 672-3272
NYS DOH Cert # 12561
2022
2021
2020
2019

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BACKFLOW INSPECTION