

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. <u>Patrick Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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:

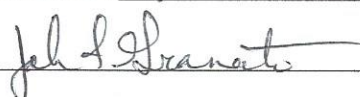
Print Name: Patrick Brown Date: 2-7-19

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.cdr@mail.mil

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 <u>M.C.W.A.</u>		Account No.		County <u>MONROE</u>	Block	Lot												
Facility Name <u>Major D.W. Hollender USARC</u>				Location of Device <u>Hot Box North West corner</u>														
Address <u>515 Ridge Road, Webster NY 14580</u> Street City Zip				<u>Of site</u>														
Device Information	Manufacturer <u>Feeco</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>826YD</u>	Size (in inches) <u>8</u>	Serial Number <u>N1305130834</u>													
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>65</u> psi													
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.9</u> psid	Date <table border="1"><tr><td>0</td><td>2</td><td>0</td><td>7</td><td>1</td><td>9</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>		0	2	0	7	1	9	M	D	Y			
	0	2	0	7	1	9												
M	D	Y																
Pressure drop across first check valve <u>6.4</u> psid																		
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number <u>1850463509</u>		Meter Reading <u>N/A</u>		Type of Service: (check one) <u>9</u> Domestic <u>9</u> Fire <u>9</u> 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 <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct. <u>Patrick Brown</u> <u>12561</u> <u>[Signature]</u> <u>6,30,21</u> Print Name Certified Tester No. Signature Expiration Date																		
Property owners (or owners agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u> <u>[Signature]</u> <u>(910) 598-6642</u> 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.

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 <u>M.C.W.A.</u>		Account No.		County <u>Monroe</u>	Block	Lot												
Facility Name <u>Major D.W. Hollender USARC</u>				Location of Device <u>Hot Box North West corner of site</u>														
Address <u>515 Ridge Road, Webster Ny 14580</u> Street City Zip																		
Device Information	Manufacturer <u>Fabco</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>825Y</u>	Size (in inches) <u>3/4</u>	Serial Number <u>055413</u>													
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>64</u> psi													
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid		Date <table border="1"><tr><td>0</td><td>2</td><td>0</td><td>7</td><td>1</td><td>9</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>		0	2	0	7	1	9	M	D	Y			
	0	2	0	7	1	9												
M	D	Y																
Pressure drop across first check valve <u>5.4</u> psid																		
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number <u>1850463504</u>		Meter Reading <u>N/A</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> 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 <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct. <u>Patrick Brown</u> <u>12561</u> <u>[Signature]</u> <u>6/30/21</u> Print Name Certified Tester No. Signature Expiration Date																		
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PART B

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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.

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 <u>M.C.W.A.</u>		Account No.		County <u>MONROE</u>	Block	Lot
Facility Name <u>Major DW Hollister USARL</u>				Location of Device <u>HOT BOX North West Corner of lot</u>		
Address <u>515 Ridge Road, Webster, NY 14580</u> Street City Zip						
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF 909 RP</u>	Size (in inches) <u>4</u>	Serial Number <u>16892</u>	
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	Line Pressure <u>62</u> psi	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.4</u> psid	Date <u>02</u> <u>07</u> <u>19</u> M D Y	
	Pressure drop across first check valve <u>6</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <u> </u> <u> </u> <u> </u> M D Y	
					Date <u> </u> <u> </u> <u> </u> M D Y	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>		Opened at _____ psid	Date <u> </u> <u> </u> <u> </u> M D Y	
Water Meter Number <u>74705233</u>		Meter Reading <u>7,330</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> 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 <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct. <u>Patrick Brown</u> <u>12561</u> <u>[Signature]</u> <u>6,30,21</u> Print Name Certified Tester No. Signature Expiration Date						
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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.
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