

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:

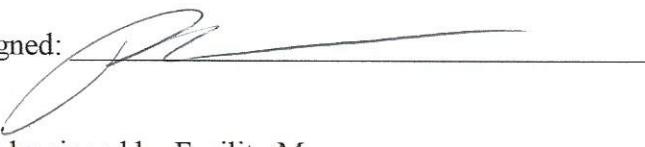
Inspection, Testing, and Certification

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 COV.
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

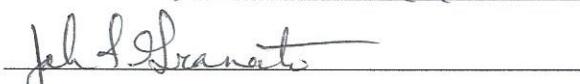
Print Name: Patrick Brown Date: 2-7-19

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. Hollerer USARC</u> Address <u>515 Ridge Road, Webster NY 14580</u> Street _____ City _____ Zip _____		Location of Device <u>Hot Box North west corner 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 <u>02 07 19</u> 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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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) <u>9 Domestic</u> <input checked="" type="checkbox"/> <u>9 Fire</u> <input type="checkbox"/> <u>9 Other</u> _____				
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>6/30/21</u> Print Name Certified Tester No. Signature Expiration Date						
Property owner(s) (or owner(s) agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u> <u>John F. Granata</u> <u>(910) 588-6642</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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log #		
License Number	Phone ()		m	d	y	
Representing		Describe minor installation changes				
Address						
City	State	Zip				
Signature _____						

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. Holleder USARC</u> Address <u>515 Ridge Road, Webster NY 14580</u> Street _____ City _____ Zip _____		Location of Device <u>Hot Box North West corner of site</u>				
Device Information	Manufacturer <u>Feeco</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 checked="" 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 <u>02 07 19</u> 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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u> _____		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
<p>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.}</p> <p><u>Patrick Brown</u> <u>12561</u> <u>Signature</u> <u>6/30/21</u> Print Name Certified Tester No. Signature Expiration Date</p>						
<p>Property owners (or owners agent) certification that test was performed:</p> <p><u>John F. Granata</u> <u>AFOS</u> <u>Signature</u> <u>John F. Granata 910 598-6642</u> <u>Telephone</u> Print Name Title Signature</p>						
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						

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year <u>2019</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> 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 Holleider USARC</u>		Address <u>515 Ridge Road, Webster, NY 14580</u>		Location of Device <u>HOT BOX North west corner of lot</u>			
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>		
						Line Pressure <u>62</u> psi	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Differential Pressure Relief Valve Opened at <u>2.4</u> psid		Date <u>02 07 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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
							Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Water Meter Number <u>74705233</u>		Meter Reading <u>7,330</u>		Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u>			
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>6/30/21</u> Print Name Certified Tester No. Signature Expiration Date							
Property owner(s) (or owner(s) agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u> <u>Alt. Brown</u> <u>(910) 588-6642</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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		NYS DOH Log # _____
License Number		Phone ()		m	d	y	_____
Representing				Describe minor installation changes			
Address							
City	State	Zip					
Signature _____							





