

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY126 Date of Visit: 7/19/19

Contractor Personnel on Site:

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

Service Call Number

CSS# _____ WO# _____

Description of Repairs

BACKFLOW PREVENTION TESTING ANNUAL (QTY 4)

WO 2447 ASSET 7246

WO 2448 ASSET 7247

per monroe county water authority the three rpz's in the hot
box are the only ones that need to be tested J.F.G.

CERTIFICATION OF WORK

To be signed by the Contractor:

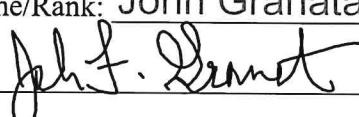
Print Name: Patrick Brown Date: 7/19/19

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 Granata AFOS Date: 7/19/19

Signed: 

E-Mail: _____

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. <u>NY-126</u>	County <u>MONROE</u>	Block	Lot
Facility Name <u>Chili U.S. Army Reserve Center</u> Address <u>49 Jetview Dr Chili NY 14624</u> Street <u></u> City <u></u> Zip <u></u>		Location of Device <u>Hot Box</u> <u>Front of Bldg 2</u>			
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909 MOD</u>	Size (in inches) <u>3</u>	Serial Number <u>193781</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve		Line Pressure <u>60</u> psi
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>	Leaked Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.8</u> psid		Date <u>07 19 19</u> M D Y
	Pressure drop across first check valve <u>6.6</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
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <u>07 19 19</u> M D Y
	Pressure drop across first check valve _____ psid				
Water Meter Number <u>1833126404</u>	Meter Reading <u>423861.9</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 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 06/30/2021
Print Name Certified Tester No. Signature Expiration Date

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

John F. Granato AFCS John F. Granato 585.914.9099
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"/> m d y	NYS DOH Log # _____
License Number	Phone ()		
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)

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

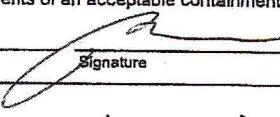
Public Water Supply <u>M.C.W.A.</u>		Account No. <u>NY-126</u>	County <u>monroe</u>	Block	Lot
Facility Name <u>Chili U.S. Army Reserve Center</u> Address <u>49 Tefview Dr Chili Ny 14624</u> Street <u></u> City <u></u> Zip <u></u>		Location of Device <u>Mechanical Room 152</u> <u>Bldg 1 South West Corner</u>			
Device Information	Manufacturer <u>ZURN WILKINS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>375</u>	Size (in inches) <u>2 1/2"</u>	Serial Number <u>72637</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>55</u> psi	
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>	Leaked Closed tight <input checked="" type="checkbox"/>	Opened at _____ psid	Date <u>07 19 19</u> M D Y	
	Pressure drop across first check valve _____ 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>814 7641</u>		Meter Reading	Type of Service: (check one) <u>9 Domestic 9 Fire 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 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 Patrick Brown

Certified Tester No. 12561

Signature 

Expiration Date 06/30/2021

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

Print Name John F. Granata

Title AFOS

Signature John F. Granata Telephone 585 944 9099

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(9/81)

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. <u>NY-126</u>	County <u>MONROE</u>	Block	Lot
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Facility Name <u>Chili US Army Reserve Center</u>	Location of Device <u>Hot Box</u>
Address <u>49 Jetview Dr Chili, Ny 14624</u>	City <u></u>
Street <u></u>	Zip <u></u>

Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>919 QT</u>	Size (in inches) <u>3/4"</u>	Serial Number <u>39843</u>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</u> psi
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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>3.2</u> psid	Date <u>07 19 19</u> M D Y
	Pressure drop across first check valve <u>5.6</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
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Final test	Closed tight <input checked="" type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.2</u> psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
	Pressure drop across first check valve <u>5.6</u> psid			

Water Meter Number <u>1834054 505</u>	Meter Reading <u>_____</u>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)				
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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>Patricia Brown</u> <u>12561</u> <u>Signature</u> <u>06/30/2021</u> <u>Expiration Date</u>				
Print Name <u>Patricia Brown</u>	Certified Tester No. <u>12561</u>	Signature		

Property owners (or owner's agent) certification that test was performed: <u>John F. Gravata</u> <u>AFCS</u> <u>Signature</u> <u>555-944-9098</u> <u>Telephone</u>				
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PART B	Certification that installation is in accordance with the approved plans.			(To be completed by the design engineer or architect or water supplier.)		
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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)

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. <u>NY-126</u>	County <u>MONROE</u>	Block	Lot
Facility Name <u>Chili US Army Reserve Center</u> Address <u>49 Jetview Dr Chili NY 14624</u> Street <u></u> City <u></u> Zip <u></u>		Location of Device <u>Hot Box</u> <u>Front of Bldg 2</u>			
Device Information	Manufacturer <u>AMES</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>Maxim 500-GV</u>	Size (in inches) <u>10"</u>	Serial Number <u>ME-0052</u>
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>60</u> psi
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>	Leaked Closed tight <input type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>07 19 19</u> M D Y	
	Pressure drop across first check valve <u>9.2</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 checked="" type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>07 19 19</u> M D Y	
Water Meter Number	Meter Reading <u>12561</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" 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 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 06/30/2021
 Print Name Certified Tester No. Signature Expiration Date

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

John F. Granata AFOS John F. Granata (589) 944-9099
 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)

