

**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. <u>Patrick Brown</u> | 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 US Army Reserve Center</u>				Location of Device <u>Hot Box</u>		
Address <u>49 Jetview Dr Chili NY 14624</u> Street City Zip				<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 <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.8</u> psid	Date <u>07</u> <u>19</u> <u>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: <u>  </u> <u>  </u> <u>  </u> M D Y		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>  </u> <u>  </u> <u>  </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) <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. Print Name <u>Patrick Brown</u> Certified Tester No. <u>12561</u> Signature _____ Expiration Date <u>06/30/2021</u>						
Property owners (or owners agent) certification that test was performed: Print Name <u>John F. Grano Jr</u> Title <u>AFCOS</u> Signature <u>John F. Grano Jr</u> Telephone <u>585 944-9089</u>						

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)



## Report on Test and Maintenance of Backflow Prevention Device

<b>PART A</b>		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. <u>NY-126</u>		County <u>monroe</u>	Block Lot
Facility Name <u>Chili U.S. Army Reserve Center</u>			Location of Device <u>Mechanical Room 152</u>		
Address <u>49 Tetlow Dr Chili Ny 14624</u> Street City Zip			<u>Bldg 1 Southwest 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 <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve _____ psid	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <u>07</u> <u>19</u> <u>19</u> M D Y
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <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>814 7641</u>		Meter Reading		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 type="checkbox"/> meets, <input checked="" 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. Print Name <u>Patrick Brown</u> Certified Tester No. <u>12561</u> Signature <u>[Signature]</u> Expiration Date <u>06/30/2021</u>					
Property owners (or owners agent) certification that test was performed: Print Name <u>John F. Granata</u> Title <u>AFOS</u> Signature <u>[Signature]</u> Telephone <u>585 944 9099</u>					

<b>PART B</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. <u>NY-126</u>	County <u>MONROE</u>	Block	Lot
Facility Name <u>Chili US Army Reserve Center</u>		Location of Device <u>Hot Box</u>			
Address <u>49 Jettison Dr Chili, NY 14624</u>		<u>Front of Building 2</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>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>5.6</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.2</u> psid		Date <u>07</u> <u>19</u> <u>19</u> M D Y
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <u>  </u> <u>  </u> <u>  </u> M D Y
Final test	Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>5.6</u> psid	Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.2</u> psid		Date <u>  </u> <u>  </u> <u>  </u> M D Y
Water Meter Number <u>1834054 505</u>		Meter Reading <u>  </u>	Type of Service: (check one) <u>9</u> Domestic <input checked="" type="checkbox"/> 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>Patrice Brown</u> <u>12561</u> <u>06/30/2021</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>AFCIS</u> <u>John F. Granata</u> <u>555 944-9098</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.

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>				Location of Device <u>Hot Box</u>		
Address <u>49 Jettison Dr Chili NY 14624</u> Street City Zip				<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</u> <u>19</u> <u>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: <u>  </u> <u>  </u> <u>  </u> 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>  </u> <u>  </u> <u>  </u> M D Y	
	Pressure drop across first check valve <u>9.2</u> psid					
Water Meter Number <u>  </u>		Meter Reading <u>  </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> Print Name Certified Tester No. Signature Expiration Date <u>06/30/2021</u>						
Property owners (or owners agent) certification that test was performed: <u>John F. Granata</u> <u>AFOG</u> Print Name Title Signature Telephone <u>(585) 944-2089</u>						

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.

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