

**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

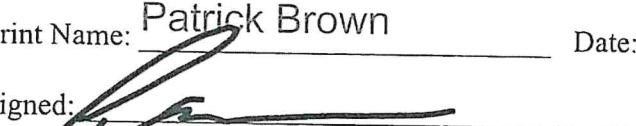
per monroe county water authority the three rpz's in the hot
box are the only ones that need to be tested

J.F.G.

CERTIFICATION OF WORK

To be signed by the Contractor:

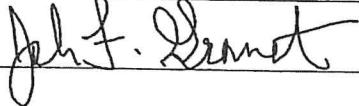
Print Name: Patrick Brown Date: 7/19/19

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 US Army Reserve Center</u> Address <u>49 Jctview 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 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>.66</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> <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 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. 72561

Signature

06/30/2021

Expiration Date

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

Print Name John F. Gannett

Title AFoss

Signature John F. Gannett Telephone (585) 444-9099

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(9/91)

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 Jeffview Dr Chili NY 14624</u> Street <u>City</u> <u>Zip</u>		Location of Device <u>Mechanical Room 152</u> <u>Blg. I 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 checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input checked="" 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				
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"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>07 19 19</u> M D Y	
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

Patrick Brown 12561
Print Name Certified Tester No.

06/30/2021
Signature Expiration Date

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

John F. Granata AFOS John F. Granata (585) 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(9/81)

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>	
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 Jefview Dr Chili, NY 14624</u> Street <u></u> City <u></u> Zip <u></u>		Location of Device <u>Hot Box</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		Line Pressure <u>60</u> psig	
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>312</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	
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>312</u> psid		Date <u>06 30 2021</u> M D Y	
Water Meter Number <u>1834054505</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 _____			
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 <u>Patrick Brown</u> <u>12561</u> <u>Signature</u> <u>06/30/2021</u> 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 owner(s) (or owner's agent) certification that test was performed: <u>John F. Grana</u> <u>AFCS</u> <u>Signature</u> <u>555-944-9088</u> <u>Telephone</u> Print Name <u>John F. Grana</u> Title <u>AFCS</u> Signature <u>Signature</u> Telephone <u>555-944-9088</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 ()		<u>m</u> <u>d</u> <u>y</u>		
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> 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>
Test before repair	Check Valve No. 1 Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>9.2 psid</u>	Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Differential Pressure Relief Valve Opened at <u>2.6</u> psid	Line Pressure <u>60</u> psf Date <u>07 19 19</u> M D Y
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"/> Pressure drop across first check valve <u>9.2 psid</u>	Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>06 30 2021</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Water Meter Number <u>1234567890</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 _____		

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. 123456

Signature

06/30/2021

Expiration Date

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

Print Name John F. Granciata

Title AFOS

John F. Granciata 586-944-9098
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)

