

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 9/30/22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

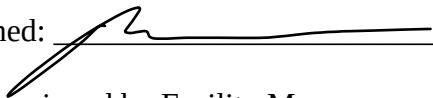
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18742 , 18981 , 19152 , 19164 , 19185 , 18743 ,
2. 18982 , 19153 , 19160 , 19165 , 19186,18983
3. ASSET'S , 190917-, 605-614 , 634 , 635 , 600 , 601 , 643 ,
4. 617 , 628 , 629 , 655 , 691 , 695 , 698 , 705 , 706 , 688 , 715 ,
5. 724 , 697 , 691-695 , 698 , IL-, 65,66,67

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/30/22

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: LUFFMAN, LARS Date: 9/30/22

Signed: 

E-Mail: lars.luffman.civ@army.mil

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2022
☐ Initial test - Complete entire form
☒ Annual test - Complete Part A only

Public Water Supply TOWN OF NICHOLS		Account No.		County Tioga	Block	Lot
Facility Name USARC NICHOLS NY127 Address 881 STANTON HILL RD NICHOLS NY 13812				Location of Device BLDG2 MECHANICAL ROOM		
Device Information	Manufacturer WATTS	Type ☒ RPZ ☐ DCV	Model LF009M2QT RP	Size (in inches) 2	Serial Number 013830	
Test before repair	Check Valve No. 1 Leaked ☐ Closed tight ☒ Pressure drop across first check valve 8.6 psid	Check Valve No. 2 Leaked ☐ Closed tight ☒	Differential Pressure Relief Valve Opened at 2.6 psid	Line Pressure 64 psi Date 09/30/22 M D Y		
	Describe repairs and materials used			Repaired by Name _____ Lic # _____ Date repaired: M D Y		
Final test	Closed tight ☐ Pressure drop across first check valve _____ psid	Closed tight ☐	Opened at _____ psid	Date M D Y		
Water Meter Number 53041652		Meter Reading 023453 0	Type of Service: (check one) ☒ Domestic ☐ Fire ☐ 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 12651 _____ 9/30/23 Print Name Certified Tester No. Signature Expiration Date						
Property owners (or owners agent) certification that test was performed: LUFFMAN, LARS FAC COORD _____ 910.598.7255 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)

INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE

PART A - To Be Completed by Certified Tester

- # Indicate the test year and whether initial or annual test.
- # Complete public water supply name, customer account number (if available) and county.
- # Complete block and lot (if available) for New York City Metropolitan area tests.
- # Complete facility name, address and specific location of device (e.g., meter room, etc.)
- # Complete device information including manufacturer, type, model, size and serial number.
- # Complete section A Test Before Repair and indicate:
 - C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop across the check valve must be at least 5.0 psid.
 - C Whether check valve #2 leaked or closed tight.
 - C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
 - C Complete water system line pressure in psi and indicate test date.
- # Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.
- # Complete A final test section only if repairs have been made.
- # Indicate the water meter number/meter reading and the type of service (describe A other e.g., boiler feed, irrigation line, etc.)
- # Complete the Remarks section if there are any deficiencies.
- # Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.
- # Have the property owner (or owner's agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

- # Complete name, title, license number, phone number, company name and address.
- # Sign and date form and indicate NYSDOH (or local health department/water supplier).
- # Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local health department and retain copies for the tester's personal records.