

**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:

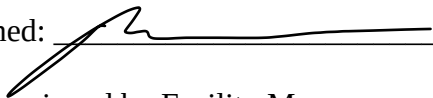
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

Location of Device

BLDG2 MECHANICAL ROOM

Address

881 STANTON HILL RD

Street

NICHOLS NY 13812

City

Zip

Device Information

Manufacturer

FEBCO

Type

☒ RPZ
☐ DCV

Model

LF850

Size (in inches)

6

Serial Number

N1311150826

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief
Valve

Line Pressure / 00 psi

Test
before
repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
6 psid

Leaked ☐
Closed tight ☒

Opened at 2.5 psid

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

Meter Reading

Type of Service: (check one)

9 Domestic 9 Fire 9 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

Print Name

12561

Certified Tester No.

Signature

09/30/23

Expiration Date

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

LUFFMAN, LARS

Print Name

FACCURO

Title

Signature

(910) 598-7255

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

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.