

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010 BLDG1 Date of Visit: 11/21/24

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

css# 98638 wo# 16384

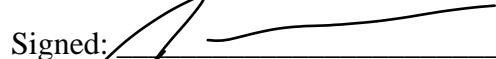
Description of Repairs

I removed the old backflow. That was leaking out of the RPZ Uninstalled , a new Backflow prevention device I tested for proper operation and then I did a annual certification on the back flow

CERTIFICATION OF WORK

To be signed by the Contractor:

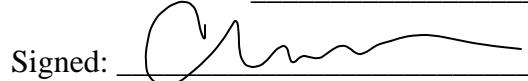
Print Name: Patrick Brown Date: 11/21/24

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: Chanci Sisko Date: 11/21/24

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 2024

Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply <i>Eric County</i>		Account No. NY010	County <i>Eric</i>	Block	Lot
Facility Name Amherst USARC		Location of Device basement mechanical room			
Address 100 north forest rd, Amherst NY14221		Street	City	Zip	
Device Information	Manufacturer watts	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 957RP	Size (in inches) <i>3</i>	Serial Number YG2748
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ 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</u> psid	Date <i>1/1/21/24</i> M D Y
	Pressure drop across first check valve <u>8.2</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 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 75133765	Meter Reading 00,670,2 x 100	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

Print Name

Certified Tester No.

Signature

06/30/27

Expiration Date

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

Chanci Stas10

ATOS

Print Name

Title

Chanci

(316) 295-4317

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)



