

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY065 Date of Visit: 5/9/2024

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>Byan Frankowski</u> | 4. _____ |
| 2. _____                  | 5. _____ |
| 3. _____                  | 6. _____ |

**Service Call Number**

CSS# 96785 WO# 15021

**Description of Repairs**

Inspected, tested and certified the 2 inch backflow preventer.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Julie Pape Date: 5/14/2024

Signed: *Julie Pape*

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: Chanel Stasio Date: May 14, 2024

Signed: *Chanel Stasio*

E-Mail: Chanelmusette@gmail.com

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>2024</u>	
				<input type="checkbox"/> Initial Test Complete Entire Form <input checked="" type="checkbox"/> Annual Test - Complete Part A only	
Public Water Supply <u>Erle Co water</u>		Account No.		County <u>Erle</u>	
Facility Name <u>PFC Charles Deglopper AFRC</u>		Location of Device <u>Community Room closet</u>			
Address <u>2393 colvin Blvd Tonawanda 14150</u>					
Street City Zip					
Device Information	Manufacturer <u>watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909MIQT</u>	Size (in Inches) <u>2</u>	Serial Number <u>450417</u>
	Check Valve # 1	Check Valve #2	Differential Pressure Relief Valve		Line Pressure <u>55</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>2.4</u> psid Leaked <input type="checkbox"/>		Date <u>05</u> <u>09</u> <u>24</u> M D Y
	Pressure Drop Across first check valve <u>9.8</u> psid	<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 type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ psid		Date Repaired: <u>  </u> <u>  </u> <u>  </u> M D Y
	Pressure Drop Across first check valve _____ psid				
Water Meter Number <u>16356064</u>		Meter Reading <u>749091</u>		Type of Service (Check One) <input 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>Bryan Penkowski</u>		Certified Tester No. <u>14950</u>		Signature <u>[Signature]</u>	
Property Owner's (or owners agent) certification that test was performed: <u>Trokan Y Pate</u>		Title <u>Training NCO</u>		Expiration Date <u>3/31/26</u>	
Print Name		Title		Signature Telephone	
<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	
License Number		Phone		NYS DOH Log#	
Representing		Describe minor installation changes			
Address					
City		State		Zip	
Signature					