

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY070 Date of Visit: 3/24/25

Contractor Personnel on Site:

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

Service Call Number

CSS# 3071204 WO# 18296

Description of Repairs

I did.

The backflow test on the three quarter inch the four inch and the eight inch backflow in the hotbox out by the road On the main comming into the building

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/24/25

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 Date: 3/24/25

Signed: 

E-Mail: John



Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2025
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply MCWA	Account No.	County MONROE	Block	Lot
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Facility Name MAJ HOLLEDER USARC NY070	Location of Device <i>Hot Box By Rd</i>	
Address 515 RIDGE RD WEBSTER NY 14580		
Street	City	Zip

Device Information	Manufacturer FEBCO	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 825Y	Size (in inches) 3/4	Serial Number J055413
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>75</u> psi
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Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>21.5</u> psid	Date <u>03</u> <u>24</u> <u>25</u>
	Pressure drop across first check valve <u>0.2</u> psid			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 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 1850463504	Meter Reading <u> </u>	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other _____
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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 Patrick Brown	Certified Tester No. 12561
Signature	
Expiration Date <u>06/30/27</u>	

Property owner(s) (or owner(s) agent) certification that test was performed:	
Print Name John F. Grana	Title AFOS
Signature <u>John F. Grana</u>	
Telephone <u>588-844-9099</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.)	
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I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log #
License Number	Phone ()		m d y	_____

Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature _____			

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2025

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

Public Water Supply MCWA	Account No.	County MONROE	Block	Lot
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Facility Name MAJ HOLLEDER USARC NY070	Location of Device <i>107 Box By Rd</i>		
Address 515 RIDGE RD WEBSTER NY 14580			
Street	City	Zip	

Device Information	Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model LF909RP	Size (in inches) 4	Serial Number 16892
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>75</u> psi
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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>4.6</u> psid	Date <u>03</u> <u>24</u> <u>25</u>
	Pressure drop across first check valve <u>2.2</u> psid			M D Y

Describe repairs and materials used				Repaired by Name _____
				Lic # _____

Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>04</u> <u>24</u> <u>25</u>
	Pressure drop across first check valve _____ psid			M D Y

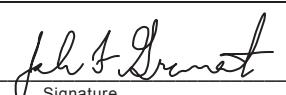
Water Meter Number	Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections 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  06/30/27
 Print Name Certified Tester No. Signature Expiration Date

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

John F. Granci AFOS  (85) 794-2077
 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.)
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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 _____			

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2025

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

Public Water Supply **TOWN OF WEBSTER** Account No. **WEBSTER** County **Block** **Lot**

Facility Name **MAJ HOLLEDER USARC NY070** Location of Device **Hot Box By Rd**
 Address **515 RIDGE RD WEBSTER NY 14580**

Street City Zip

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	FEBCO	<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	826YD	8	N1305130834

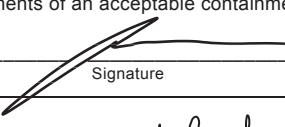
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>4,8</u> psid	Date 03 24 25 M D Y
	Pressure drop across first check valve <u>9.0</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 03 24 25 M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number <u> </u>	Meter Reading <u> </u>	Type of Service: (check one) • Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____
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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**  Signature **06/30/27** Expiration Date

Print Name **John F. Grancato** Certified Tester No. **AFOs** Signature **John F. Grancato** Telephone **585 944 9399**

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 _____					