

**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: _____

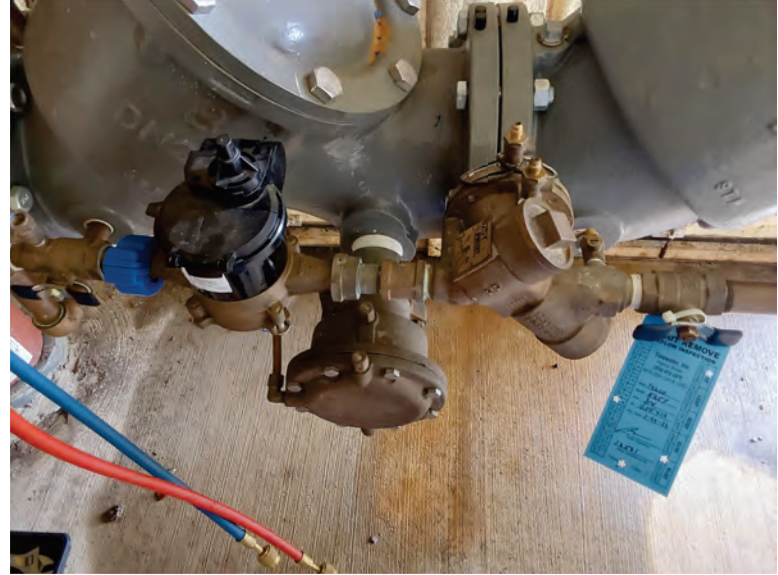
To be signed by Facility Manager:

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: _____



Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year <u>2025</u>	
					<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply MCWA		Account No.		County MONROE	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 FEBCO	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 825Y	Size (in inches) 3/4	Serial Number J055413	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
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>2.5</u> psid	
	Pressure drop across first check valve <u>6.2</u> psid				Date <u>03</u> <u>24</u> <u>25</u> M D Y	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
					Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid		Closed tight <input type="checkbox"/>		Opened at _____ psid	
Water Meter Number 1850463504		Meter Reading _____		Type of Service: (check one) <input type="checkbox"/> Domestic <input checked="" 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.						
Patrick Brown		12561		Signature		06/30/27 Expiration Date
Print Name		Certified Tester No.		Signature		Telephone
Property owners (or owners agent) certification that test was performed:		AFOS		Signature		588,944-9099 Telephone
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.

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.			For the year <u>2025</u>		
				<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only		
Public Water Supply MCWA		Account No.	County MONROE		Block	Lot
Facility Name MAJ HOLLEDER USARC NY070		Location of Device Box By Rd				
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	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
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	
	Pressure drop across first check valve <u>2.2</u> psid				Date <u>03</u> <u>24</u> <u>25</u> M D Y	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <u> </u> <u> </u> <u> </u> M D Y	
					Date <u> </u> <u> </u> <u> </u> M D Y	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid		Closed tight <input type="checkbox"/>		Opened at _____ psid	
Water Meter Number		Meter Reading		Type of Service: (check one) <input checked="" type="checkbox"/> 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 <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.						
Patrick Brown		12561		Signature		06/30/27 Expiration Date
Property owners (or owners agent) certification that test was performed:						
John F. Grenata		AFOS		Signature		(585) 997-9997 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								

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.				For the year <u>2025</u>	
					<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply TOWN OF WEBSTER		Account No.		County WEBSTER	Block	Lot
Facility Name MAJ HOLLEDER USARC NY070		Location of Device <u>Hot Box By Rd</u>				
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 826YD	Size (in inches) 8	Serial Number N1305130834	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
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>4.8</u> psid	
	Pressure drop across first check valve <u>9.0</u> psid					
Describe repairs and materials used					Line Pressure <u>75</u> psi	
					Date <u>03</u> <u>24</u> <u>25</u> M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	
	Pressure drop across first check valve _____ psid				Date M D Y	
Water Meter Number <u> </u>		Meter Reading <u> </u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" 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.						
Patrick Brown		12561		Signature		06/30/27
Print Name		Certified Tester No.				Expiration Date
Property owners (or owners agent) certification that test was performed:						
John F. Granata		AFOS		Signature		(585) 944-9099
Print Name		Title				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						