

# Report on Test and Maintenance of Backflow Prevention Device

PART A		Please use a separate form for each device.			For the year <u>2021</u>	
					<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply		Account No.		County <b>Orange</b>	Block	Lot
Facility Name <u>SGT Catalin D. Dima AFRC</u> Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u> <small>Street City Zip</small>				Location of Device		
Device Information	Manufacturer <u>APOLLO</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>40204T2</u>	Size (in inches) <u>3/4</u>	Serial Number <u>136488</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>65</u> psi		
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at <u>3.2</u> psid	Date <div style="display: flex; justify-content: space-around;"> <div>09</div> <div>20</div> <div>21</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
	Pressure drop across first check valve <u>9.4</u> psid					
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <div style="display: flex; justify-content: space-around;"> <div></div> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <div style="display: flex; justify-content: space-around;"> <div></div> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
	Pressure drop across first check valve _____ psid					
Water Meter Number		Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> 9 Domestic <input type="checkbox"/> 9 Fire <input type="checkbox"/> 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 <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>John E. Cimino</u>		Certified Tester No. <u>8839</u>	Signature 	Expiration Date <u>8/31/2022</u>		
Property owners (or owners agent) certification that test was performed: <u>JAMES JOHNSON</u> <u>AFCS</u> <u>(917) 518-4564</u> <small>Print Name Title Signature Telephone</small>						
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>2021</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
		Public Water Supply	Account No.	County <b>Orange</b>	Block	Lot
Facility Name <u>SGT Catalin D. Dima AFRC</u>		Location of Device				
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>						
Street City Zip						
Device Information	Manufacturer <u>Ames</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>COIT 200</u>	Size (in inches)	Serial Number <u>1F-1886</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>85</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 _____ psid	Date <div style="display: flex; justify-content: space-around;"><div>09</div><div>20</div><div>21</div></div> <div style="display: flex; justify-content: space-around; font-size: small;">M D Y</div>		
	Pressure drop across first check valve <u>3.2</u> psid		<u>1.4</u>			
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div> <div style="display: flex; justify-content: space-around; font-size: small;">M D Y</div>		
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div> <div style="display: flex; justify-content: space-around; font-size: small;">M D Y</div>		
	Pressure drop across first check valve _____ psid					
Water Meter Number		Meter Reading <u>8839</u>	Type of Service: (check one) 9 Domestic 9 <u>Fire</u> 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 <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>John E. Cimino</u>		Certified Tester No. <u>8839</u>	Signature <u>[Signature]</u>	Expiration Date <u>8/31/2022</u>		
Property owners (or owners agent) certification that test was performed:						
Print Name <u>JAMES BENSON</u>		Title <u>AFOS</u>	Signature <u>[Signature]</u>	Telephone <u>845-860-8713</u> <u>917-518-4564</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.)	
I hereby certify that this installation is in accordance with the approved plans.						
Name	Title	Date			NYS DOH Log #	
License Number	Phone ( )					
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>2021</u>	
					<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply		Account No.		County <b>Orange</b>	Block	Lot
Facility Name <u>SGT Catalin D. Dima AFRC</u> Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u> <small>Street City Zip</small>				Location of Device _____ _____		
Device Information	Manufacturer <u>Ame S</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>COT 200</u>	Size (in inches) <u>6</u>	Serial Number <u>HI 1716</u>	
	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"/> Pressure drop across first check valve <u>3.8</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>2.2</u>	Opened at _____ psid	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
	Describe repairs and materials used			Repaired by Name _____ Lic # _____ Date repaired: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
Final test Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid				Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>
Water Meter Number		Meter Reading	Type of Service: (check one) 9 Domestic 9 <u>Fire</u> 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 <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.						
<u>John E. Cimino</u> <small>Print Name</small>		<u>8839</u> <small>Certified Tester No.</small>	 <small>Signature</small>		<u>8 / 31 / 2022</u> <small>Expiration Date</small>	
Property owner's (or owner's agent) certification that test was performed:						
<u>RALPH VILLANUEVA</u> <small>Print Name</small>		<u>[Signature]</u> <small>Title</small>	<u>[Signature]</u> <small>Signature</small>		<u>(917) 518 4564</u> <small>Telephone</small>	
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.

Fontbeaver 2021

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

Public Water Supply		Account No.		County Orange	Block	Lot												
Facility Name <u>SGT Catalin D. Dima AFRC</u> Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u> Street City Zip				Location of Device														
Device Information	Manufacturer <u>conbraco</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>40204T2</u>	Size (in inches) <u>3/4</u>	Serial Number <u>136284</u>													
	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>2.0</u> psid		Date <table border="1"><tr><td>0</td><td>9</td><td>2</td><td>0</td><td>2</td><td>1</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>		0	9	2	0	2	1	M	D	Y			
	0	9	2	0	2	1												
M	D	Y																
Pressure drop across first check valve <u>5.4</u> psid		<u>2.8</u>																
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>								M	D	Y			
M	D	Y																
Pressure drop across first check valve _____ psid																		
Water Meter Number		Meter Reading	Type of Service: (check one) 9 Domestic 9 Fire 9 <u>Other</u>															
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. <u>John E. Cimino</u> <u>8839</u> <u>8/31/2022</u> Print Name Certified Tester No. Signature Expiration Date																		
Property owner's (or owner's agent) certification that test was performed: <u>JAMES JENSEN</u> <u>AFAS</u> <u>(917) 518 4564</u> 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.

DOH- 1013(9/91)

# Report on Test and Maintenance of Backflow Prevention Device

PART A		Please use a separate form for each device.		For the year <u>2021</u>													
Public Water Supply		Account No.		County <b>Orange</b>	Block Lot												
Facility Name <u>SGT Catalin D. Dima AFRC</u>				Location of Device													
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>																	
Device Information		Manufacturer <u>conbraco</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>40204T2</u>	Size (in inches) <u>3/4</u>												
		Serial Number <u>008492</u>															
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>4.0</u> psid		Date <table border="1"><tr><td>0</td><td>9</td><td>2</td><td>0</td><td>2</td><td>1</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>	0	9	2	0	2	1	M	D	Y			
	0	9	2	0	2	1											
M	D	Y															
Pressure drop across first check valve <u>8.6</u> psid		3.6															
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>							M	D	Y			
M	D	Y															
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>							M	D	Y			
M	D	Y															
Pressure drop across first check valve _____ psid																	
Water Meter Number		Meter Reading		Type of Service: (check one) <input checked="" 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>John E. Cimino</u>		Certified Tester No. <u>8839</u>		Signature 	Expiration Date <u>8/31/2022</u>												
Property owners (or owner's agent) certification that test was performed:																	
Print Name <u>RAKON VILLANUEVA</u>		Title		Signature 	Telephone <u>(917) 518 4564</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.)	
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>2021</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply		Account No.		County <b>Orange</b>	Block	Lot
Facility Name <u>SGT Catalin D. Dima AFRC</u> Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u> <small>Street City Zip</small>				Location of Device _____ _____		
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF 909</u>	Size (in inches) <u>1 1/2</u>	Serial Number <u>256 94</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>74</u> psi		
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>7.2</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>1.8</u>	Opened at <u>4.0</u> psid	Date <div style="display: flex; justify-content: space-around;"> <div>09</div> <div>20</div> <div>21</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
	Describe repairs and materials used			Repaired by Name _____ Lic # _____ Date repaired: <div style="display: flex; justify-content: space-around;"> <div></div> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M D Y </div>		
Final test				Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/> <u>1.8</u>	Opened at _____ psid
Water Meter Number		Meter Reading <u>01563123</u>		Type of Service: (check one) <input checked="" 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>John E. Cimino</u>		Certified Tester No. <u>8839</u>		Signature <u>[Signature]</u>		Expiration Date <u>8/31/2022</u>
Property owner's (or owner's agent) certification that test was performed:						
Print Name <u>JAMES JOHNSON</u>		Title <u>AFOS</u>		Signature <u>[Signature]</u>		Telephone <u>(917) 518 4564</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.)						
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.