

Report on Test and Maintenance
 of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2021

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

Public Water Supply	Account No.	County Orange	Block	Lot
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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>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>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>65</u> psi
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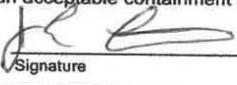
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at <u>3.2</u> psid	Date <u>09 20 21</u> M D Y
	Pressure drop across first check valve <u>9.4</u> psid			

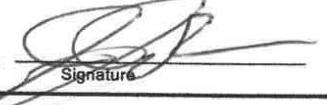
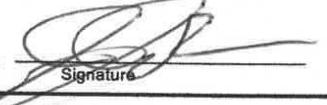
Describe repairs and materials used			Repaired by Name _____ Lic # _____
			Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y

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

Water Meter Number <u> </u>	Meter Reading <u> </u>	Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u>
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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 <u>John E. Cimino</u>	Certified Tester No. <u>8839</u>	Signature 	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>AFAS</u>
	Signature 
Telephone <u>917518 4564</u>	

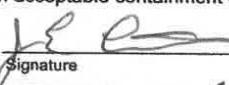
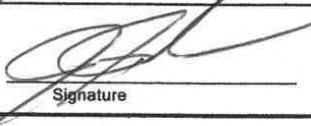
PART B	Certification that installation is in accordance with the approved plans.	
(To be completed by the design engineer or architect or water supplier.)		

I hereby certify that this installation is in accordance with the approved plans.			
Name	Title	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m d y	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.

DOH- 1013(9/81)

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 Orange	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>AMCS</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 <u>09 20 21</u> M D Y	
	Pressure drop across first check valve <u>2.2</u> psid		1.4			
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"/> Pressure drop across first check valve _____ psid		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>09 20 21</u> M D Y	
Water Meter Number		Meter Reading <u>8839</u>		Type of Service: (check one) 9 Domestic <u>9</u> Fire <u>9</u> 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> <u>8839</u> <u></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 Benson</u> <u>AFOS</u> <u></u> <u>845-800-8773</u> <u>917518-4564</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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log # _____	
License Number		Phone ()		m <input type="checkbox"/> d <input type="checkbox"/> y <input type="checkbox"/>		
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 2021

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

Public Water Supply	Account No.	County Orange	Block	Lot
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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>AME S</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>COIT 200</u>	Size (in inches) <u>6</u>	Serial Number <u>HI 1716</u>
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	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 _____ psid	Date <u>09 20 21</u> M D Y
	Pressure drop across first check valve <u>3.8</u> psid	<u>2.2</u>		

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 <u>09 20 21</u> M D Y
	Pressure drop across first check valve _____ psid			

Water Meter Number	Meter Reading	Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u> _____
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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.)				
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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>John E. Cimino</u>	Expiration Date <u>8/31/2022</u>	

Property owner(s) (or owner(s) agent) certification that test was performed: <u>RAKON VILLAGE INC</u> <u>R. Wilson</u> <u>917518 4564</u> Print Name <u>RAKON VILLAGE INC</u> Title <u>R. Wilson</u> Telephone <u>917518 4564</u>				
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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
Representing	Describe minor installation changes			
Address				
City	State	Zip		
Signature				

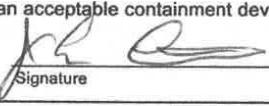
Report on Test and Maintenance
 of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 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>			Location of Device			
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>						
Street	City	Zip				
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 Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.0</u> psid <u>2.8</u>	Date <u>09 20 21</u> M D Y	
	Pressure drop across first check valve <u>5.4</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		Meter Reading		Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u>		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
<p>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.</p> <p><u>John E. Cimino</u> <u>8839</u>  Print Name Certified Tester No. Signature Expiration Date <u>8/31/2022</u></p>						
<p>Property owner(s) (or owner(s) agent) certification that test was performed: <u>John E. Cimino</u> <u>ATAS</u>  Print Name Title Signature Telephone <u>917518 4564</u></p>						

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 2021

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

Public Water Supply	Account No.	County Orange	Block	Lot
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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>canbraco</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>086492</u>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
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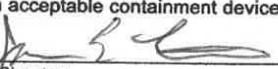
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>4.0</u> psid <u>3.6</u>	Date <u>09 20 21</u> M D Y
	Pressure drop across first check valve <u>8.6</u> psid			

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	Meter Reading	Type of Service: (check one) 9 Domestic 9 Fire 9 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.)				
<p>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.</p>				

Print Name <u>John E. Cimino</u>	Certified Tester No. <u>8839</u>	Signature 	Expiration Date <u>8/31/2022</u>
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Property owner(s) (or owner(s) agent) certification that test was performed: <u>RAKON VILLANUEVA</u>		Signature 	Telephone <u>(917)518 4564</u>
Print Name <u>Rakon Villanueva</u>	Title <u></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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m d y	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.

DOH- 1013(9/91)

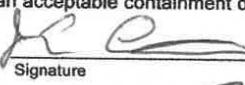
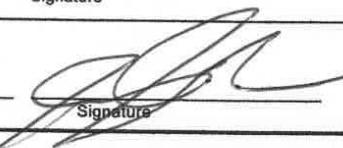
Report on Test and Maintenance
 of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 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>			Location of Device				
Address <u>910 Raz Avenue New Windsor, NY 12553-4704</u>							
Street	City	Zip					
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</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"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>1.8</u>	Opened at <u>4.0</u> psid	Date <u>09 20 21</u> M D Y		
	Pressure drop across first check valve <u>7.2</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 <u>09 20 21</u> M D Y		
	Pressure drop across first check valve _____ psid						
Water Meter Number		Meter Reading <u>01563127</u>		Type of Service: (check one) <u>9 Domestic</u> 9 Fire 9 Other			
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)							
<p>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.</p> <p><u>John E. Cimino</u> <u>8839</u>  <u>8/31/2022</u> Print Name Certified Tester No. Expiration Date</p>							
<p>Property owner(s) (or owner(s) agent) certification that test was performed:</p> <p><u>James Johnson</u> <u>AFOS</u>  <u>917518 4564</u> Print Name Title Signature Telephone</p>							
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m d y	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.

DOH- 1013(9/91)