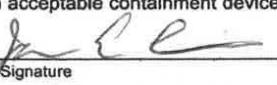
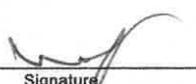


Report on Test and Maintenance  
 of Backflow Prevention Device

PART A

Please use a separate form for each device.

Font size: **2021**  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply		Account No.		County Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Location of Device			
Device Information	Manufacturer <u>LATT</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909 NoD</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>125642</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 checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>32</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 <u>71983006</u>	Meter Reading <u>00,398,599</u>		Type of Service: (check one) 9 Domestic 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.) <u>Second check did not hold - Repair/Replace</u>						
Certification: This device <input type="checkbox"/> meets, <input checked="" 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. John E. Cimino <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>Warren Oly</u> <u>Joe Card</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"/> <input type="checkbox"/> m d y	NYS DOH Log # _____	
License Number		Phone ( )				
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.

Font size 2021  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

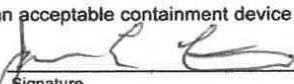
Public Water Supply		Account No.		County Ulster	Block	Lot																																										
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Location of Device																																													
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009 H7QT</u>	Size (in inches) <u>3/4</u>	Serial Number <u>308381</u>																																											
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>70</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>3.6</u> psid <u>1.8</u>	Date <u>09 20 21</u> M D Y																																												
	Pressure drop across first check valve <u>8.2</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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y																																												
Water Meter Number <u>8839</u>		Meter Reading <u>8839</u>	Type of Service: (check one) <u>9 Domestic 9 Fire 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> <u>John E. Cimino</u> <u>8/31/2022</u>      Print Name Certified Tester No. Signature Expiration Date</p>																																																
<p>Property owner(s) (or owner(s) agent) certification that test was performed:</p> <p><u>John E. Cimino</u> <u>Fac. Cimino</u> <u>John E. Cimino</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.)																																											
<p>I hereby certify that this installation is in accordance with the approved plans.</p> <table border="1"> <tr> <td>Name</td> <td>Title</td> <td>Date</td> <td colspan="3"></td> <td>NYS DOH Log #</td> </tr> <tr> <td>License Number</td> <td>Phone ( )</td> <td></td> <td>m</td> <td>d</td> <td>y</td> <td></td> </tr> <tr> <td colspan="2">Representing</td> <td colspan="5">Describe minor installation changes</td> </tr> <tr> <td colspan="2">Address</td> <td colspan="5"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="5"></td> </tr> </table>							Name	Title	Date				NYS DOH Log #	License Number	Phone ( )		m	d	y		Representing		Describe minor installation changes					Address							City	State	Zip					Signature						
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 Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Location of Device			
Device Information	Manufacturer <u>Ames</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>2000 SS</u>	Size (in inches) <u>6</u>	Serial Number <u>165667</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 checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>  <u>2.6</u>	Opened at _____ psid	Date <u>09 20 21</u> M D Y	
	Pressure drop across first check valve <u>2.6</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"/>  Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y		
Water Meter Number	Meter Reading		Type of Service: (check one) 9 Domestic <input checked="" type="checkbox"/> 9 Fire <input checked="" 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. John E. Cimino <u>8839</u>  Print Name _____ Certified Tester No. _____ Signature _____ Expiration Date <u>8/31/2022</u>						
Property owner(s) (or owner(s) agent) certification that test was performed: <u>Wren Oly</u> <u>Pat Card</u> <u>W</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		NYS DOH Log #
License Number	Phone ( )		m d y	
Representing	Describe minor installation changes			
Address				
City				
Signature _____				

Report on Test and Maintenance  
 of Backflow Prevention Device

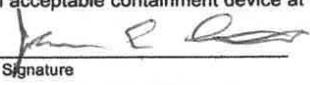
PART A		Please use a separate form for each device.			Test for year <u>2021</u>	
					<input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only	
Public Water Supply		Account No.		County Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>		Location of Device				
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909 MOD</u>	Size (in inches) <u>3</u>	Serial Number <u>191 658</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 checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.2</u> psid <u>1.6</u>	Date <u>09 20 21</u> M D Y		
	Pressure drop across first check valve <u>6.3</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 <u>719 83008</u>	Meter Reading <u>00949,175</u>		Type of Service: (check one) 9 Domestic 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.)						
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>jl</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>Warren Chay</u> <u>Fac Cond</u> <u>ws</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"/> <input type="checkbox"/> m d y	NYS DOH Log # _____	
License Number		Phone ( )				
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.

Form year 2021  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply		Account No.		County Ulster	Block	Lot	
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Location of Device				
Device Information	Manufacturer <u>Ames</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>2000 SS</u>	Size (in inches) <u>6</u>	Serial Number <u>165460</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 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>3.0</u> psid	<u>2.8</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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 9 Fire 9 Other</u>				
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.) <u>Pass Back Pressure</u>							
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. John E. Cimino <u>8839</u>  8/31/2022 Print Name Certified Tester No. Signature Expiration Date							
Property owner(s) (or owner(s) agent) certification that test was performed: <u>Warren Chung</u> <u>Fac Cont</u> <u>WF</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	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.

Font size: 2021  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply		Account No.		County Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Location of Device			
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>C09M70T</u>	Size (in inches) <u>3/4</u>	Serial Number <u>301243</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>2.6</u> psid <u>112</u>	Date <u>0 9 2 0 2 1</u> M D Y		
	Pressure drop across first check valve <u>8.8</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>0 9 2 0 2 1</u> M D Y		
	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.)						
<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>John E. Cimino</u> <u>8/31/2022</u>      Print Name Certified Tester No. Signature Expiration Date</p>						
<p>Property owner(s) (or owner(s) agent) certification that test was performed:</p> <p><u>John E. Cimino</u> <u>8839</u> <u>John E. Cimino</u> <u>8/31/2022</u>      Print Name Certified Tester No. Signature Expiration Date</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.

Font size:  2021  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply		Account No.		County Ulster	Block	Lot
Facility Name <u>Saugerties USARC</u>			Location of Device			
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>			Street	City	Zip	
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009 M3 QT</u>	Size (in inches) <u>3/4</u>	Serial Number <u>301242</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>210</u> psid <u>1.8</u>	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 <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.)

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.

John E. Cimino  
 Print Name

8839  
 Certified Tester No.

John E. Cimino  
 Signature

8/31/2022  
 Expiration Date

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

Warren Cheng  
 Print Name

Facility Co. Inc.  
 Title

WFC  
 Signature

917518 4564  
 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"/> 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.

Font size: 2021  
 Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply	Account No.	County Ulster	Block	Lot
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Facility Name <u>Saugerties USARC</u>	Location of Device			
Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u>	Street	City	Zip	

Device Information	Manufacturer <u>APOLLO</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>RP40</u>	Size (in inches) <u>1/2</u>	Serial Number <u>286551</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 <u>3.6</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></table> M D Y	0	9	2	0	2	1
	0	9	2	0	2	1				
Pressure drop across first check valve <u>2.6</u> psid	<u>3.2</u>									

Describe repairs and materials used			Repaired by Name _____			
			Lic # _____			
			Date repaired: <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> 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></tr></table> M D Y			
	Pressure drop across first check valve _____ psid						

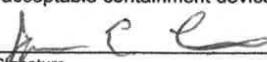
Water Meter Number	Meter Reading	Type of Service: (check one) 9 Domestic 9 Fire 9 Other
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

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.

John E. Cimino  
 Print Name

8839  
 Certified Tester No.

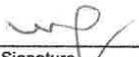
  
 Signature

8/31/2022  
 Expiration Date

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

Warren Chang  
 Print Name

Fac Cimino  
 Title

  
 Signature

917518 4564  
 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	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						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 SGT Catalin D. Dima AFRC  
 Address 910 Raz Avenue New Windsor, NY 12553-4704

Street City Zip  
 Location of Device

Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF909 MOD</u>	Size (in inches) <u>3</u>	Serial Number <u>008437</u>
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
Test before repair	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Opened at <u>214</u> psid	Date <u>09 20 21</u> M D Y
	Closed tight <input checked="" type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>			
	Pressure drop across first check valve <u>8.6</u> psid		<u>2.2</u>		
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>09 20 21</u> M D Y
	Pressure drop across first check valve _____ psid				
Water Meter Number	Meter Reading <u>00254559</u>		Type of Service: (check one) 9 Domestic 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.)

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.

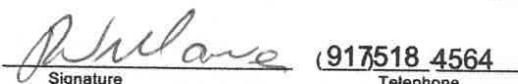
John E. Cimino 8839  
 Print Name Certified Tester No.

  
 Signature

8/31/2022  
 Expiration Date

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

RAMON VILLANUEVA  
 Print Name Title

  
 Signature 917518 4564  
 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.