



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 Saugerties USARC				Location of Device		
Address 1001 Kings Highway Saugerties, NY 12477-4342						
Device Information		Manufacturer WATTS	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909 MOD	Size (in inches) 2 1/2	Serial Number 125642
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure 65 psi
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at 3.2 psid		Date 09/20/21 M D Y	
	Pressure drop across first check valve 7.2 psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid		Date _____ M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number 71983006		Meter Reading 00,398,599		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.) Second check did NOT hold - Repair/Replace						
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 8839  8/31/2022 Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: Warren Chy Joe Card  (917) 518-4564 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.			Font 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 <u>Ulster</u>	Block	Lot											
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</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>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		Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>9</td><td>2</td><td>0</td><td>2</td><td>1</td></tr><tr><td colspan="2">M</td><td colspan="2">D</td><td colspan="2">Y</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>8.2</u> psid		<u>1.8</u>																
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">M</td><td colspan="2">D</td><td colspan="2">Y</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" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">M</td><td colspan="2">D</td><td colspan="2">Y</td></tr></table>								M		D		Y	
M		D		Y														
Pressure drop across first check valve _____ psid																		
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 checked="" 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.																		
<u>John E. Cimino</u> <small>Print Name</small>		<u>8839</u> <small>Certified Tester No.</small>		<u>[Signature]</u> <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>[Signature]</u> <u>FAC Guy</u> <u>[Signature]</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						

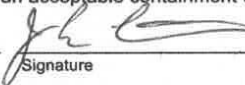

Report on Test and Maintenance of Backflow Prevention Device

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 <u>Ulster</u>	Block	Lot												
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip				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"/>	Opened at _____ 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>2.6</u> psid	<u>2.6</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) <u>9</u> 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.																		
John E. Cimino		8839		Signature		8/31/2022 Expiration Date												
Property owners (or owners agent) certification that test was performed:																		
Warren Chy		Pac Card		Signature		(917) 518 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.

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 <u>Ulster</u>	Block	Lot
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</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>909 MOD</u>	Size (in inches) <u>3</u>	Serial Number <u>191658</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	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;"><div>M</div><div>D</div><div>Y</div></div>		
	Pressure drop across first check valve <u>6.8</u> psid		<u>1.6</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;"><div>M</div><div>D</div><div>Y</div></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;"><div>M</div><div>D</div><div>Y</div></div>		
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>71983008</u>		Meter Reading <u>00949,175</u>	Type of Service: (check one) 9 <input checked="" type="checkbox"/> 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.						
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>Warren Chang</u>		Title <u>Fac Coord</u>	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						

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> Street City Zip				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>185460</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"/> Pressure drop across first check valve <u>3.0</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>2.8</u>	Opened at _____ 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></td><td></td><td></td></tr></table>			0	9	2	0	2	1	M	D	Y			
	0	9	2	0	2	1												
M	D	Y																
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></td><td></td><td></td></tr></table>									M	D	Y			
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 <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></td><td></td><td></td></tr></table>									M	D	Y			
M	D	Y																
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.) <u>Pos 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. <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																		
Property owner's (or owner's agent) certification that test was performed: <u>Warren Chung</u> <u>Fac Coord</u> <u>WJ</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.

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>				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>609HJQT</u>	Size (in inches) <u>3/4</u>	Serial Number <u>901243</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		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></td><td></td><td></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>8.8</u> psid		<u>1.2</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></td><td></td><td></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></td><td></td><td></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>[Signature]</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>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>(917)518-4564</u> Print Name Title Signature Telephone																		

PART B

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Name	Title	Date	NYS DOH Log #
License Number	Phone ()	m d y	
Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature			

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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 <u>Ulster</u>	Block	Lot												
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> Street City Zip				Location of Device														
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>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></td><td></td><td></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>9.4</u> psid	<u>1.8</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></td><td></td><td></td></tr></table>									M	D	Y			
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	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															
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John E. Cimino		8839	Signature		8 / 31 / 2022													
Print Name		Certified Tester No.			Expiration Date													
Property owner's (or owner's agent) certification that test was performed:																		
Warren Cheng		Facility Coord	Signature		(917) 518-4564													
Print Name		Title			Telephone													

PART B

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Name	Title	Date	NYS DOH Log #
License Number	Phone ()	m d y	
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Address			
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		Public Water Supply		Account No.	County <u>Ulster</u>	Block
Facility Name <u>Saugerties USARC</u> Address <u>1001 Kings Highway Saugerties, NY 12477-4342</u> <small>Street City Zip</small>				Location of Device _____ _____		
Device Information	Manufacturer <u>APCO</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>	
Test before repair	Check Valve No. 1 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>8.6</u> psid		Check Valve No. 2 Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>3.2</u>		Differential Pressure Relief Valve Opened at <u>3.6</u> psid	
					Line Pressure _____ psi Date <u>09/20/21</u> <small>M D Y</small>	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ <small>M D Y</small>	
					Date _____ <small>M D Y</small>	
Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid		Closed tight <input type="checkbox"/>		Opened at _____ psid Date _____ <small>M D Y</small>	
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. <u>John E. Cimino</u> <u>8839</u> <u>[Signature]</u> <u>8/31/2022</u> <small>Print Name Certified Tester No. Signature Expiration Date</small>						
Property owner's (or owner's agent) certification that test was performed: <u>Warner Chang</u> <u>Fac Corr</u> <u>[Signature]</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 Orange	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>LF909MOD</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"/> Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>8.6</u> psid	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/> <u>2.2</u>	Opened at <u>2.4</u> 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 <u>00254559</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 owners (or owner's agent) certification that test was performed:						
Print Name <u>RAMON VILCANUVA</u>		Title _____	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								

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