

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 Schenectady	Block	Lot
Facility Name <u>Sgt. Horace D. Bradt USARC</u>			Location of Device <u>128</u>			
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>						
Street	City	Zip				
Device Information	Manufacturer <u>WILKINS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>375A</u>	Size (in inches) <u>2 1/2</u>	Serial Number <u>X27961</u>	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>56</u> psi	
Test before repair	Leaked <input type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at <u>2.8</u> psid	Date <u>09 07 21</u>	
	Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/>	Opened at <u>2.8</u> psid	M	D
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 07 21</u>	
	Pressure drop across first check valve <u>8.0</u> psid				M	D
Water Meter Number	<u>102863731</u> <u>007181796</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.)						
<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</p> <p>I hereby certify the foregoing data to be correct.</p> <p><u>John E. Cimino</u> <u>8839</u> <u>J. E. C.</u> <u>8/31/2022</u></p> <p>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>Michael Burdick</u> <u>HVAC Technician</u> <u>3472298690</u></p> <p>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			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)

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Public Water Supply		Account No.		County Schenectady	Block	Lot						
Facility Name <u>Sgt. Horace D. Bradt USARC</u>			Location of Device <u>244</u>									
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>												
Street	City	Zip										
Device Information	Manufacturer <u>Wilkis/Zurn</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975XL2</u>	Size (in inches)		Serial Number <u>3812399</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>2.2</u> psid <u>2.6</u>		Date <u>09 07 21</u> M D Y						
	Pressure drop across first check valve <u>9.8</u> psid											
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>M</td><td>D</td><td>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"><tr><td> </td><td> </td><td> </td></tr><tr><td>M</td><td>D</td><td>Y</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 Other _____								
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.) <u>No bypass at Test Location</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> <u>J.C. B.</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: Mike Budich <u>HVAC Technician</u> <u>347-229-8690</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 _____						

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 of Backflow Prevention Device

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Public Water Supply		Account No.		County Schenectady	Block	Lot	
Facility Name <u>Sgt. Horace D. Bradt USARC</u>			Location of Device <u>1112</u>				
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>							
Street	City	Zip					
Device Information	Manufacturer <u>Wilkins/turn</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975XL2</u>	Size (in inches)		Serial Number <u>3780539</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>3.6</u> psid		Date <u>09 07 21</u> M D Y	
	Pressure drop across first check valve <u>9.8</u> psid			<u>4.0</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 07 21</u> 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 _____			
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 Print Name		8839 Certified Tester No.	<u>JE Cimino</u> Signature		8/31/2022 Expiration Date		
Property owner(s) (or owner(s) agent) certification that test was performed: <u>Michael Burdick</u> Print Name <u>HVAC Technician</u> Title <u>Signature</u> <u>347229 8690</u> 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 _____							

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Facility Name <u>Sgt. Horace D. Bradt USARC</u>			Location of Device <u>1112</u>			
Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u>						
Street	City	Zip				
Device Information	Manufacturer <u>WILKINS/2URN</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975XL2</u>	Size (in inches) <u>2</u>	Serial Number <u>3806895</u>	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>50</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>4.2</u>	Date <u>09 07 21</u> M D Y	
	Pressure drop across first check valve <u>9.6</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 <u>70284674</u>	Meter Reading <u>000154775</u> <u>004864084</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.)						
<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. Signature Expiration Date</p>						
<p>Property owner(s) (or owner(s) agent) certification that test was performed: <u>Mike Bardich</u> <u>HVAC Technican</u> <u>Signature</u> <u>3472298690</u> Print Name Title Signature Telephone</p>						
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License Number	Phone ()		m d y			
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