

# 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>																		
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"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.8</u> psid													
	Pressure drop across first check valve <u>8.0</u> psid		<u>3.8</u>		Date <table border="1"><tr><td>0</td><td>9</td><td>0</td><td>7</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	0	7	2	1	M	D	Y			
0	9	0	7	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 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													
	Pressure drop across first check valve _____ 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																
Water Meter Number		Meter Reading <u>102865731</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.)

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 Signature [Signature] 8/31/2022  
Print Name Certified Tester No. Expiration Date

Property owners (or owners agent) certification that test was performed:

Michael Burdick HVAC Technician Signature [Signature] Telephone 347 224 8690  
Print Name Title

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	Block	Lot
				Schenectady		
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>Wilkins/Zurn</u>	Type	<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975XL2</u>	Size (in inches) <u>1</u>	Serial Number <u>3812399</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>        </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>07</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>9.8</u> psid		2.6			
Describe repairs and materials used					Repaired by Name <u>                    </u> Lic # <u>                    </u> 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 <u>        </u> 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 <u>        </u> psid					
Water Meter Number		Meter Reading		Type of Service: (check one) 9 Domestic 9 Fire 9 Other <u>        </u>		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.) <u>No Meter 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		8839				8/31/2022
Print Name		Certified Tester No.		Signature		Expiration Date
Property owner's (or owner's agent) certification that test was performed:						
Mike Burdick		HVAC Technician				347-229-8690
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 (    )		<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>			
Representing		Describe minor installation changes					
Address							
City	State						Zip
Signature <u>                                    </u>							

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>Schenectady</b>	Block
Facility Name <u>Sgt. Horace D. Bradt USARC</u> Address <u>1201 Hillside Ave Schenectady, NY 12309-3501</u> <small>Street City Zip</small>				Location of Device <u>1112</u>		
Device Information	Manufacturer <u>Wilkins/Zurn</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>975x22</u>	Size (in inches) <u>1</u>	Serial Number <u>3780534</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 <div style="display: flex; justify-content: space-around;"><div>09</div><div>07</div><div>21</div></div> <div style="display: flex; justify-content: space-around;"><small>M D Y</small></div>	
	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: <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div> <div style="display: flex; justify-content: space-around;"><small>M D Y</small></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;"><small>M D Y</small></div>	
	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 owner's (or owner's agent) certification that test was performed: <u>Michael Burdick</u> <u>HVAC Technician</u> <u>(347) 229-8690</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 (   )		<div style="display: flex; justify-content: space-around;"><div>m</div><div>d</div><div>y</div></div>		
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>Schenectady</u>	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>						
Device Information		Manufacturer <u>Wilkins/Zurn</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	Date <div style="display: flex; justify-content: space-around;"><div>09</div><div>07</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>9.6</u> psid		<u>4.2</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 <u>70284674</u>		Meter Reading <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.)						
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>Mike Bardich</u> <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 ( )		<div style="display: flex; justify-content: space-around;"><div>m</div><div>d</div><div>y</div></div>		
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.