

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY127 Date of Visit: 9/20 21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 14413 , 14809 , 14819 , 14835 , 14414 , 14810 , 14816 ,
2. 14820 , 14836 ,
3. ASSET#'S, 190917- , 605-614 , 617 , 634 , 635 , 600 , 601 , 643 ,
4. 628 , 629 , 655 , 695 , 698 , 705 , 688 , 715 , 724 , 697 , 691-695
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/20/21

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC KEVIN HOPPER Date: 9/20/21

Signed: 

E-Mail: _____

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

WO# 14809 Asset# 190917-601

Public Water Supply <u>Town of Nichols</u>	Account No.	County <u>Tioga</u>	Block	Lot
Facility Name <u>NY127 USARC Nichols</u>	Location of Device <u>Mech Room Bldg 2</u>			
Address <u>721 Stanton Hill Rd Nichols NY 13812</u>	Street	City	Zip	
Device Information	Manufacturer <u>FCC600</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>LF850</u>	Size (in inches) <u>6</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>100</u> psi
Test before repair	Leaked <input checked="" 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>9</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 <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Water Meter Number <u>53041652</u>	Meter Reading <u>023046 0</u>	Type of Service: (check one) Domestic <input checked="" 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 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.

Patrick Brown

Certified Tester No. 12561

Signature

9/30/24
Expiration Date

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

KEVIN HOPPER

UTRSGT

Signature

914598-7302
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 _____			

Report on Test and Maintenance
 of Backflow Prevention Device

PART A

WO#

Please use a separate form for each device.

14809 Asset# 190917-600

For the year 2021

Initial test - Complete entire form

Annual test - Complete Part A only

Public Water Supply <u>TOWN OF NICHOLS</u>		Account No.		County <u>Tioga</u>	Block	Lot
Facility Name <u>NY127 USARC Nichols</u>		Location of Device <u>Mech Room #114</u>				
Address <u>721 Stanton Hill Rd Nichols NY 13812</u>		Street	City	Zip		
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF909</u>	Size (in inches) <u>3</u>	Serial Number <u>001150</u>	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>66</u> psi		
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>	Leaked Closed tight <input type="checkbox"/>	Opened at <u>2.5</u> psid	Date <u>09 20 21</u> M D Y		
	Pressure drop across first check valve <u>9</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>6084 9016</u>	Meter Reading <u>003430 00</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 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.

Patrick Brown

Print Name

12561

Certified Tester No.

Signature

9/30/24

Expiration Date

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

KEVIN HOPPEN

Print Name

ATR SGT

Title

D

Signature

(90) 598-7302

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					