

**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. <u>PATRICK BROWN</u> | 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

Town of Nichols

Account No.

County

Tioga

Block

Lot

Facility Name Ny 127 USARC Nichols

Location of Device

Mech Room Bldg 2

Address 721 Stanton Hill Rd Nichols NY 13812

Street

City

Zip

Device Information

Manufacturer

FECO

Type

☐ RPZ

☒ DCV

Model

LF850

Size (in inches)

6

Serial Number

N131150826

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief Valve

Line Pressure 100 psi

Test before repair

Leaked ☐
Closed tight ☒

Pressure drop across first check valve
9 psid

Leaked ☐
Closed tight ☒

Opened at _____ psid

Date

09 20 21

M D Y

Describe repairs and materials used

Repaired by

Name _____

Lic # _____

Date repaired:

M D Y

Final test

Closed tight ☐

Pressure drop across first check valve _____ psid

Closed tight ☐

Opened at _____ psid

Date

M D Y

Water Meter Number

53041652

Meter Reading

0230460

Type of Service: (check one)

Domestic

☒ Fire

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]

Signature

9.30.24

Expiration Date

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

KEVIN HOFFER

Print Name

MASTER

Title

[Signature]

Signature

910.598.7302

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 ()

Representing

Address

City

State

Zip

Signature

Describe minor installation changes

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 <u>Town of Nichols</u>	Account No.	County <u>Tioga</u>	Block	Lot
Facility Name <u>NY 127 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>
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	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>66</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>2.5</u> psid	Date <u>09</u> <u>20</u> <u>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: _____ 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 <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 _____
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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.

Patrick Brown 12561 [Signature] 9.30.24
Print Name Certified Tester No. Signature Expiration Date

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

KEVIN HOPPER MTK SGT [Signature] (908) 598-7302
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.