

**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

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 Bldg 2</u>		
Address <u>721 Stanton Hill Rd Nichols NY 13812</u>						
Device Information		Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF009M2QT</u>	Size (in inches) <u>2</u>	Serial Number <u>013830</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>3.4</u> psid	
	Pressure drop across first check valve <u>8.2</u> psid				Date <u>09</u> <u>20</u> <u>21</u> M D Y	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y	
					Date _____ 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 _____ M D Y	
Water Meter Number <u>53041652</u>		Meter Reading <u>023046.0</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 12561 [Signature] 9,30,24
Print Name Certified Tester No. Signature Expiration Date

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

KEVIN HUBER MTR SGT [Signature] (90)570-7302
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.

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# 14810 Asset# 190917-688

Public Water Supply

Town of Nichols

Account No.

County

Tioga

Block

Lot

Facility Name N4127 USARC Nichols

Location of Device Mech Room #114

Address 721 Stanton Hill Rd Nichols, NY 13812

Device Information

Manufacturer

Feeco

Type

☐ RPZ
☒ DCV

Model

LF 850

Size (in inches)

6

Serial Number

N1310180609

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief Valve

Line Pressure 100 psi

Test before repair

Leaked ☐
Closed tight ☒

Leaked ☐
Closed tight ☒

Opened at _____ psid

NA

Date

09 20 21

M D Y

Pressure drop across first check valve
8.5 psid

Describe repairs and materials used

Repaired by

Name _____

Lic # _____

Date repaired:

M D Y

Final test

Closed tight ☐

Closed tight ☐

Opened at _____ psid

Date

M D Y

Pressure drop across first check valve _____ psid

Water Meter Number

60849016

Meter Reading

003430 00

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

09.30.24
Expiration Date

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

KEVIN HUBER
Print Name

MTR SGT
Title

[Signature]
Signature

(910) 548-7202
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