

**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

WOF14810 Asset# 190917-715

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>	Street	City	Zip	
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>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>65</u> psi
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>3.4</u> psid	Date <u>09 20 21</u> M D Y
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 <u>8.2</u> psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>09 20 21</u> M D Y
Water Meter Number <u>53041652</u>	Meter Reading <u>023046</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 HOPPER

Print Name

MTR SGT

Title

S

Signature

(90)570-7302

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					

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 <u>Utown on Nichols</u>	Account No.	County <u>Tioga</u>	Block	Lot
--	-------------	------------------------	-------	-----

Facility Name <u>NY127 USARC Nichols</u>	Location of Device <u>Mech Room 714</u>
Address <u>721 Stanton Hill Rd Nichols, NY 13812</u>	Street <u></u> City <u></u> Zip <u></u>

Device Information	Manufacturer <u>Fe6co</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>LF 850</u>	Size (in inches) <u>6</u>	Serial Number <u>N1310180609</u>						
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>100</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>N/A</u> psid	Date <u>09 20 21</u> M D Y							
	Pressure drop across first check valve <u>8.5</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"/> Pressure drop across first check valve <u> </u> psid	Closed tight <input type="checkbox"/>	Opened at <u> </u> psid	Date <u> </u> <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									
Water Meter Number <u>60849016</u>	Meter Reading <u>003430 00</u>	Type of Service: (check one) Domestic <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Other _____									

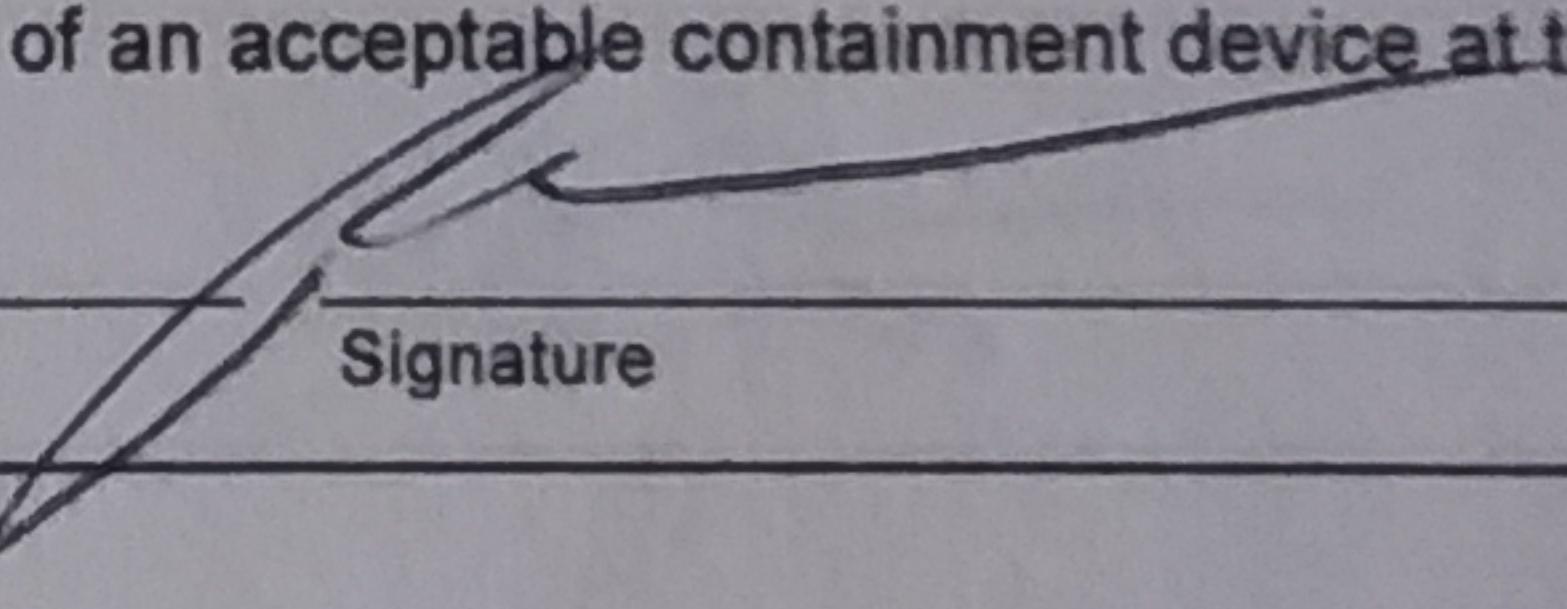
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

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  
Print Name

12561  
Certified Tester No.

  
Signature

09/30/24  
Expiration Date

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

Kevin Holden  
Print Name

MTR SGT  
Title

D. G.  
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 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>m</td><td>d</td><td>y</td><td> </td><td> </td></tr></table>						m	d	y			NYS DOH Log #
m	d	y											
License Number	Phone ( )												
Representing	Describe minor installation changes												
Address													
City	State	Zip											
Signature _____													