STATEMENT OF WORK

Water main DCV and RPZ repair and replacements on campus.

U.S. MERCHANT MARINE ACADEMY
KINGS POINT, NEW YORK

FY 2026
Prepared by DPW

U.S. DEPARTMENT OF TRANSPORTATION
MARITIME ADMINISTRATION
U.S. MERCHANT MARINE ACADEMY

STATEMENT OF WORK

BACKGROUND

The United States Merchant Martine Academy (USMMA) is an agency of the Maritime Administration (MARAD) managed by the United States Department of Transportation.

The USMMA is listed on the National Register of Historic Places. Therefore, all work shall be consistent with the Secretary of the Interior's Standards for the Treatment of Historic Properties (36 CFR part 68)
http://www.nps.gov/tps/standards/four-treatments/treatment-guidelines.pdf.

All work shall meet or exceed the standards provided in the Secretary of the Interior's Standards for Rehabilitation and guidelines for applying the standards published by the National Park Service, U.S. Department of the Interior 36 CFR 67.7 - Standards for rehabilitation.

SCOPE

The USMMA seeks a qualified and experienced contractor to provide labor, material, transportation, tools, equipment and supervision to repair or replace several double check valves and R.P.Z's for our water mains on campus.

STATEMENT OF WORK

DELIVERABLES

The Contractor is responsible for the following:

- Pit on Steamboat Road / 6" D.C.V. #V57317 / Repair leaking Check valve #1 next to Bowditch Hall. Wilkins model #350ADA or equivalent
- Yoccum Sailing Center / 2" R.P..Z / Faulty Check valve # 1 / Replace.R.P.Z. Febco model # 8254 or equivalent
- O'Hara Hall Filter Room / 3" D.C.V. / replace leaking check valve #1 and test port rusty handles. Febco model # 850 or equivalent
- Palmer & Murphy / 4" D.C.V. / Leaking check valve #2 / Replace this DCV. Located in mechanical room of Palmer Hall. Watts.
- Quarters C / 6" D.C.V. / Repair leaking check valve #1 in underground pit in backyard. Wilkins model #350 or equivalent

NOTE: A third-party backflow test will be conducted after all items have been actioned. Any failure will require rework at no cost to the gov't in accordance with FAR Clause 52.246-4 (Inspection of Services-Fixed Price, AUG 1996).

GENERAL

1. The contractor shall provide all labor and material, transportation and supervision in the performance of all tasks detailed in this statement of work.

2. All work is to conform to federal, state and local regulations and codes.

3. Maintain a work area compliant with safety standards.

4. Areas worked on shall be cleaned and secured on a daily basis.

5. Any damage to existing facilities or appurtenances shall be repaired or replaced in kind, by the contractor at no cost to the Government.

6. Examine existing conditions prior to any repair activities, site visit will be scheduled to inspect the site where services are to be performed.

7. Excess material and debris shall be disposed of in accordance with local and state ordinances.

8. No vehicles shall be driven on the sidewalks or grass.

9. Make every effort to minimize the impact to the daily routine of the Academy.

STATEMENT OF WORK

CLOSE OUT:

The contractor shall provide a signed warranty of any damage, defective material and improper workmanship on any material provided in this contract.

Materials and labor to be warranted for one year after installation, and equipment to be warranted per manufacturer

SUBMITTALS

1. Certification of Insurance liabilities (COI).

GOVERNMENT FURNISHED PROPERTY, MATERIAL, EQUIPMENT OR INFORMATION.

N/A

CONSIDERATIONS

• Maintain communication with the COR (and immediately inform the COR of any unforeseen issues or problems that arise).

• Inform COR of any anticipated disruption in services for construction at least three (3) days in advance

PLACE OF PERFORMANCE

Contractor will perform the task at located at the USMMA, 300 Steamboat Road, Kings Point, N.Y. 11024

PERIOD OF PERFORMANCE

Work is to be completed 15 days after NTP is approved. Work is to be performed during normal business hours 0700 to 1630, Monday through Friday unless approval is granted by the Contracting Officer.

(SEE BACKFLOW FAILURES BELOW)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A **Please use a separate form for each device.**

For the year 2026
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
Water Authority of West Nassau		Nassau		

Facility Name United States Merchant Marine Academy
Address 300 Steamboat Road Kings Point 11024
Street City Zip
Location of Device Quarters C

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Watts	☐ RPZ ☒ DCV	350	6	J62780

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 82 psi
Test before repair	Leaked ☒ Closed tight ☐ Pressure drop across first check valve _____ psid	Leaked ☐ Closed tight ☒	Opened at _____ psid	Date 05 19 26 (M D Y)
Describe repairs and materials used	Leaky check valve #1 to be repaired by others at a later date			Repaired by Name _____ Lic # _____ Date repaired: M D Y
Final test	Closed tight ☐ Pressure drop across first check valve _____ psid	Closed tight ☐ 72518656	Opened at _____ psid	Date M D Y
Water Meter Number 0536936		Meter Reading 0227,006.4	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.

Print Name	Certified Tester No.	Signature	Expiration Date
E. Henry Curd	866		2/28/2028

Property owner's (or owner's agent) certification that test was performed:

Print Name	Title	Signature	Telephone
Matthew Quinn	Plant Estimator		(516) 720-5726

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City State Zip
Signature

Describe minor installation changes

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.

DOH- 1013(9/91)

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Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A Please use a separate form for each device.

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☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
water Authority of Great Neck N		Nassau		

Facility Name: United States Merchant Marine Academy
Address: 300 Steamboat Road (Street) Kings point (City) Zip 11024
Location of Device: Rear / Front of Bogucki Building

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Wilkins	☐ RPZ ☒ DCV	350 ADA	6	V57317

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 56 psi
Test before repair	Leaked ☒ Closed tight ☐ Pressure drop across first check valve ____ psid	Leaked ☐ Closed tight ☒	Opened at ____ psid	Date 05 13 26 (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 ☐ 00 81844.56	Opened at ____ psid	Date M D Y

Water Meter Number	Meter Reading	Type of Service: (check one)
12465252	155929631	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.

Print Name	Certified Tester No.	Signature	Expiration Date
Eileen M. Corley	866	[signature]	2/28/2028

Property owner's (or owner's agent) certification that test was performed:

Print Name	Title	Signature	Telephone
Matt Cam	Plant Estimator	[signature]	516-236-5600

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City | State | Zip
Signature

Describe minor installation changes

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.

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Report on Test and Maintenance of Backflow Prevention Device

PART A **Please use a separate form for each device.**

For the year 2026
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
water authority of Great Neck N		NASSAU		

Facility Name: United States Merchant Marine Academy
Address: 300 Steamboat Road Kings Point NY 11024 (Street / City / Zip)
Location of Device: Filter Room, Ohara Hall [redacted]

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Febco	☐ RPZ ☒ DCV	850	3	M803, 90546

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 50 psi
Test before repair	Leaked ☒ Closed tight ☐ Pressure drop across first check valve _____ psid	Leaked ☐ Closed tight ☒	Opened at _____ psid	Date 05 11 26 (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: no water meter
Meter Reading:
Type of Service: (check one) 9 Domestic 9 Fire 9 Other pool

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.

Print Name	Certified Tester No.	Signature	Expiration Date
Eileen Curley	866		2/28/2028

Property owner's (or owner's agent) certification that test was performed:

Print Name	Title	Signature	Telephone
Matt Quinn	Plant Testtrator		516-726-5000

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City | State | Zip
Signature

Describe minor installation changes

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.

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For the year 2026
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
Water Authority Great Neck N		Nassau		

Facility Name: United States Merchant Marine Academy
Address: 300 Steamboat Road (Street) Kings Point (City) 11024 (Zip)
Location of Device: Palmer / Murphy

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Watts	☐ RPZ ☒ DCV		4	Missing plate

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 76 psi
Test before repair	Leaked ☐ Closed tight ☒ Pressure drop across first check valve _____ psid	Leaked ☒ Closed tight ☐	Opened at _____ psid	Date 05 19 26 (M D Y)
Describe repairs and materials used	Leaky check valve #2 to be repaired or replaced by others at later date			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: No H2O meter located
Meter Reading:
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.

Print Name	Certified Tester No.	Signature	Expiration Date
Elemy Cruz	866		2/28/2028

Property owner's (or owner's agent) certification that test was performed:

Print Name	Title	Signature	Telephone
Matthew Quinn	Plant Estimator		516) 716-5666

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City | State | Zip
Signature _____

Describe minor installation changes

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PART A Please use a separate form for each device.

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☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
water authority of Great Neck N		Nassau		

Facility Name: United States Merchant Marine Academy
Address: 300 Steamboat Road (Street) Kings point (City) Zip 11024
Location of Device: Volum Sailing Center

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	febco	☒ RPZ ☐ DCV	825Y	2	A13504

	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 3.8 psid	Leaked ☐ Closed tight ☐	Opened at _____ psid	Date 05 13 26 (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: A7647743
Meter Reading: 07673 900
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.

Print Name	Certified Tester No.	Signature	Expiration Date
Eileen M. Corley	866		2/28/2028

Property owner's (or owner's agent) certification that test was performed:

Print Name	Title	Signature	Telephone
Matt Cum	Plant Estimator		826-5006

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City | State | Zip
Signature _____

Describe minor installation changes

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