



Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517
Phone: 800-789-7199 - Fax: 888-722-2712 - MooresElectric.com

7203 ✓

Customer: PSG - USARC

Army Reserve

Street Address: 1117 Harmony Street

Service Address: _____

Point of Contact [Individual]: TROY

Point of Contact Phone # 804 586 2111

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Boiler Rm

Feed Line: make up (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB

Manufacturer: APOLLO

Size: 3/4

Model: RP4 A

Serial NO: 485765

Installed Correctly: YES NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 65

Water Meter Serial Number: _____

Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>8.0</u> psi	opened a <u>1.8</u> psi <input type="checkbox"/> did not open	<input checked="" type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>1.0</u>	Air Inlet: opened at _____ <input type="checkbox"/> Did not open Check Valve: Held at _____ psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

** Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.

Comments: Shut off Valve: Closed or Leaking Need to be rebuilt,

bhester@mooreselectric.com

cell (434) 841-6054

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	<u>7/27/14</u>	<u>Benny Hester</u>	<u>Benny Hester</u>	<u>2717017374</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repairs						<u>Note results below</u>
Final Test					<input type="checkbox"/>	<input type="checkbox"/>



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7203

Customer: PSG - USARC

Army Reverses

Street Address: 1117 Harmony Bedfords

Service Address: _____

Point of Contact [Individual]: TROY

Point of Contact Phone # 804 588 2111

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Boiler Room

Feed Line: Domestic (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB

Manufacturer: Wilkins Size: 3

Model: 375 AST

Serial NO: 852 C

Installed Correctly: YES NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 80

Water Meter Serial Number: _____

Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>7.8</u> psi	opened at <u>3.4</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.4</u>	Air Inlet: opened at _____ <input type="checkbox"/> Did not open Check Valve: Held at _____ psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

** Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.

Comments: Shut off Valve. Closed or Leaking

bhester@mooreselectric.com

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I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	<u>12/25/19</u>	<u>Benny Heister</u>	<u>Benny Heister</u>	<u>2717017374</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs						Note results below
Final Test					<input type="checkbox"/>	<input type="checkbox"/>