



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

Customer: ESG - USAIRC Army Reversed
Street Address: 1117 HARMONY ^{Crossing Bedford} Service Address: _____
Point of Contact [Individual]: TROY Point of Contact Phone # 804 585 2111
Is the Assembly: ☐ New ☒ Existing ☐ Replacement/Record Old Assembly Serial Number: _____
Location of Assembly: Boiler Rm Feed Line: Boiler 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>18</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 rebuild,

bhectere@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	7/27/14	Benny Heater	Benny Heater	2717017374	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>

7203



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Phone: 800-789-7199 - Fax: 888-722-2712 - MooresElectric.com

Customer: ISG - USARC Army Reserves

Street Address: 1117 Harmony Bedford Service Address: _____

Point of Contact [Individual]: TROY Point of Contact Phone # 804 585 2111

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

Location of Assembly: Boiler Rm Feed Line: Domestic (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: ☒ RPZ ☐ DCVA ☐ PVB Manufacturer: Willkins 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"/> 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 _____

bheeter@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	12/25/19	Benny Heeder	Benny Heeder	2717017374	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>