

STATE OF WEST VIRGINIA
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USA RC Beaver Address: _____
Contact Person: Darrel Lucas Phone No. 540-599-5851

Make: WATTS Assembly Information
Model: RP2 M00 909
Size: 2
Serial Number: 269692

Installation Information

Containment		Isolation <input checked="" type="checkbox"/>
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room <input checked="" type="checkbox"/>	Room Number: _____
Mechanical Room	Protection Provided:	_____

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	____ psid	Pass Fail
Date <u>3-13-18</u>	2 nd Check Valve	____ psid	Pass Fail

Reduced Pressure Assembly

1 st Check Valve	8 psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	3.2 psid	Pass <input checked="" type="checkbox"/> Fail
2 nd Check Valve	Tight	Pass <input checked="" type="checkbox"/> Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail

Pressure Vacuum Breaker

Air Inlet Valve	____ psig	Pass Fail
Check Valve	____ psig	Pass Fail

Repairs & Materials Used	

Double Check Assembly		
Reduced Pressure Assembly		
Re-Test After Repairs	Outlet Valve	Pass Fail
	1 st Check Valve	____ psid Pass Fail
Date <u>3-13-18</u>	2 nd Check Valve	____ psid Pass Fail

Pressure Vacuum Breaker		
Air Inlet Valve	____ psig	Pass Fail
Check Valve	____ psig	Pass Fail

TESTER CERTIFICATION: I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) James Starcher
Company Name Casto Technical Services

Signature James Starcher Phone No. 304 545 3838
WV Tester Cert. No. WVOP30542 Date 3-13-18

FACILITY CERTIFICATION: I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____ Phone No. _____
Title: _____ Date: _____

Return White Copy With \$ _____ fee to:

Phone
Fax:

STATE OF WEST VIRGINIA
Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Address: _____
 Contact Person: _____ Phone No. _____

Assembly Information
 Make: WATTS
 Model: RPZ MOD 909
 Size: 2
 Serial Number: 270508

Installation Information

Containment <input checked="" type="checkbox"/>		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room <input checked="" type="checkbox"/>	Room Number: _____
Mechanical Room	Protection Provided:	_____

Double Check Assembly			
Initial Test	Outlet Valve	_____	Pass Fail
	1 st Check Valve	_____ psid	Pass Fail
	2 nd Check Valve	_____ psid	Pass Fail
Date <u>3-13-18</u>			

Reduced Pressure Assembly			
1 st Check Valve	<u>6.8</u> psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	<u>2.4</u> psid	Pass <input checked="" type="checkbox"/>	Fail
2 nd Check Valve	<u>Tight</u>	Pass <input checked="" type="checkbox"/>	Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail	

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

Repairs & Materials Used	_____
Date <u>3-13-18</u>	

Double Check Assembly			
Re-Test After Repairs	Outlet Valve	_____	Pass Fail
	1 st Check Valve	_____ psid	Pass Fail
	2 nd Check Valve	_____ psid	Pass Fail
Date <u>3-13-18</u>			

Reduced Pressure Assembly			
1 st Check Valve	<u>6.8</u> psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	<u>2.4</u> psid	Pass <input checked="" type="checkbox"/>	Fail
2 nd Check Valve	<u>Tight</u>	Pass <input checked="" type="checkbox"/>	Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail	

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

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Tester Name (Printed) James Starcher
 Company Name Casto Technical Services

Signature James Starcher Phone No. 304 545 3887
 WV Tester Cert. No. WVOP30592 Date 3-13-18

FACILITY CERTIFICATION: I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

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 Title: _____ Date: _____

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 Fax: _____

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Facility Name: _____ Address: _____
Contact Person: _____ Phone No. _____

Assembly Information
Make: WATTS
Model: KPR MON 909
Size: 1
Serial Number: 310154

Installation Information
Containment Isolation
Meter Pit Basement Floor Number: _____
Penthouse Boiler Room Room Number: _____
Mechanical Room Protection Provided: _____

Double Check Assembly			
Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	<u>8</u> psid	Pass Fail
	2 nd Check Valve	<u>3</u> psid	Pass Fail
Date <u>3-13-18</u>			

Reduced Pressure Assembly		
1 st Check Valve	<u>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3</u> psid	Pass <input checked="" type="checkbox"/> Fail
2 nd Check Valve	<u>Tight</u>	Pass <input checked="" type="checkbox"/> Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	<u> </u> psig	Pass Fail
Check Valve	<u> </u> psig	Pass Fail

Repairs & Materials Used	

Reduced Pressure Assembly		
1 st Check Valve	<u>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3</u> psid	Pass <input checked="" type="checkbox"/> Fail
2 nd Check Valve	<u>Tight</u>	Pass <input checked="" type="checkbox"/> Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	<u> </u> psig	Pass Fail
Check Valve	<u> </u> psig	Pass Fail

Re-Test After Repairs	Outlet Valve		Pass Fail
	1 st Check Valve	<u>8</u> psid	Pass Fail
	2 nd Check Valve	<u>3</u> psid	Pass Fail
Date <u>3-13-18</u>			

Reduced Pressure Assembly		
1 st Check Valve	<u>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3</u> psid	Pass <input checked="" type="checkbox"/> Fail
2 nd Check Valve	<u>Tight</u>	Pass <input checked="" type="checkbox"/> Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail

Pressure Vacuum Breaker		
Air Inlet Valve	<u> </u> psig	Pass Fail
Check Valve	<u> </u> psig	Pass Fail

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Tester Name (Printed) James Starcher
Company Name Casto Technical Services

Signature James Starcher Phone No. 304 545 3321
WV Tester Cert. No. WU OP30547 Date 3-13-18

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Installation Information

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Mechanical Room	Protection Provided:	_____

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1 st Check Valve	____ psid	Pass Fail
Date <u>3-13-18</u>	2 nd Check Valve	____ psid	Pass Fail

Reduced Pressure Assembly

1 st Check Valve	8 psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	3.2 psid	Pass <input checked="" type="checkbox"/> Fail
2 nd Check Valve	Tight	Pass <input checked="" type="checkbox"/> Fail
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail

Pressure Vacuum Breaker

Air Inlet Valve	____ psig	Pass Fail
Check Valve	____ psig	Pass Fail

Repairs & Materials Used	

Double Check Assembly		
Reduced Pressure Assembly		
Re-Test After Repairs	Outlet Valve	Pass Fail
	1 st Check Valve	____ psid Pass Fail
Date <u>3-13-18</u>	2 nd Check Valve	____ psid Pass Fail

Pressure Vacuum Breaker		
Air Inlet Valve	____ psig	Pass Fail
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Signature James Starcher Phone No. 304 545 3838
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