

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

Facility Name: USARL Beaver Address: _____
Contact Person: Barrel Lucas Phone No. 540-599-5851

Assembly Information
Make: WATTS
Model: RP2MOD 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
	2 nd Check Valve	____ 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>3.2</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	
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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>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3.2</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

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 Signature [Signature] Phone No. 304 545 388
Company Name Casto Technical Services WV Tester Cert. No. WV0P30542 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" Check Valve	_____ psid	Pass Fail
	2" Check Valve	_____ psid	Pass Fail
Date	3-13-18		

Reduced Pressure Assembly		
1" Check Valve	6.8 psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	2.4 psid	Pass <input checked="" type="checkbox"/> Fail
2" 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			
Re-Test After Repairs	Outlet Valve		Pass Fail
	1" Check Valve	_____ psid	Pass Fail
	2" Check Valve	_____ psid	Pass Fail
Date	3-13-18		

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

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 Signature James Starcher Phone No. 304 545 3887
 Company Name Casto Technical Services 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.

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

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 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 PION 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	_____ psid	Pass Fail
	2 nd Check Valve	_____ 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	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

Repairs & Materials Used	
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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>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	_____ 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 Signature James Starcher Phone No. 304 545 521
Company Name Casto Technical Services WV Tester Cert. No. WV 0P30542 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: _____

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Phone
Fax:

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

Facility Name: USARL Beaver Address: _____
Contact Person: Barrel Lucas Phone No. 540-599-5851

Assembly Information
Make: WATTS
Model: RP2 MOD 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
	2 nd Check Valve	____ 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>3.2</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	
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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>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3.2</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

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 Signature [Signature] Phone No. 304 545 385
Company Name Casto Technical Services WV Tester Cert. No. WV0P30542 Date 3-13-18

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