

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV Ø2Ø
 Contact Person: JENNIFER BAILE

Address: 7605 US RT 19 N
JANE LEW WV
 Phone No. 724-544-5252

Assembly Information
 Make: WATTS
 Model: 909
 Size: 2"
 Serial Number: Ø17725

Installation Information

Containment	Isolation
Meter Pit	Basement
Penthouse	Boiler Room
Mechanical Room	Protection Provided: _____

Double Check Assembly			
Initial Test	Outlet Valve	Pass	Fail
	1 st Check Valve	_____ psid	Pass
	2 nd Check Valve	_____ psid	Fail

Reduced Pressure Assembly			
1 st Check Valve	8.5 psid	Pass	Fail
Relief Valve Opening Point	3 psid	Pass	Fail
2 nd Check Valve	_____	Pass	Fail
Outlet Valve	Pass	Fail	_____

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

Repairs & Materials Used	_____
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NOTE:
NEW DEVICE

Double Check Assembly			
Re-Test After Repairs	Outlet Valve	Pass	Fail
	1 st Check Valve	_____ psid	Pass
	2 nd Check Valve	_____ psid	Fail

Reduced Pressure Assembly			
1 st Check Valve	_____ psid	Pass	Fail
Relief Valve Opening Point	_____ psid	Pass	Fail
2 nd Check Valve	_____	Pass	Fail
Outlet Valve	Pass	Fail	_____

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

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

Tester Name (Printed) Ray Ryckczek Signature Ray Ryckczek WV Cert. No. 31072 Date 3-14-18
 Phone 724-557-6489 Company Name CASTO TECHNICAL

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) Jennifer Baile Signature J. Baile Phone No. 724-544-5252
 Title: AFDS Date: 3-14-18

Return White Copy With \$ _____ fee to:

Phone
 Fax: