

# Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV 020 Address: 7605 US Rt 19N  
 Contact Person: JENNIFER BAILE Phone No. 724-544-5252  
JANE LEW WV

## Assembly Information

Make: WATTS  
 Model: 909  
 Size: 2"  
 Serial Number: 017725

## 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 <sup>st</sup> Check Valve	_____ psid	Pass Fail
Date _____	2 <sup>nd</sup> Check Valve	_____ psid	Pass Fail

## Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	<u>8.5</u> psid	Pass Fail
Relief Valve Opening Point	<u>3</u> psid	Pass Fail
2 <sup>nd</sup> Check Valve		Pass Fail
Outlet Valve	Pass	Fail

## Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

Repairs & Materials Used

NOTE:

NEW DEVICE

## Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1 <sup>st</sup> Check Valve	_____ psid	Pass Fail
Date _____	2 <sup>nd</sup> Check Valve	_____ psid	Pass Fail

## Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	_____ psid	Pass Fail
Relief Valve Opening Point	_____ psid	Pass Fail
2 <sup>nd</sup> Check Valve		Pass Fail
Outlet Valve	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) RAY KYCZEK Signature Ray Kycek  
 Phone 724-557-6489 Company Name CASTO TECHNICAL WV Cert. No. 31072 Date 3-14-18

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

Return White Copy With \$ \_\_\_\_\_ fee to:

Phone  
Fax: