

# Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV 022 Address: Kingwood WV  
 Contact Person: JENNIFER BAILE Phone No. \_\_\_\_\_

**Assembly Information**  
 Make: WILKINS ZUCN  
 Model: 975 XL  
 Size: 1"  
 Serial Number: 4345231

**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>9</u> psid	Pass Fail
Relief Valve Opening Point	<u>3.5</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	
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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 Ryczek Signature Ray Ryczek  
 Phone 24-557-6489 Company Name CASTO TECHNICAL WV Cert. No. 31072 Date 3-12-18

**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) John Gulledge Signature John Gulledge Phone No. 304-729-1680  
 Title: ARA Date: 20180312

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

Phone  
Fax:

# Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WV 022 Address: Kingwood WV  
 Contact Person: JENNIFER BAILE Phone No. \_\_\_\_\_

## Assembly Information

Make: WATTS  
 Model: 909  
 Size: 2"  
 Serial Number: 276706

## 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
	2 <sup>nd</sup> Check Valve	____ psid	Pass	Fail
Date	<u>3-12-18</u>			

### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	<u>7.5</u> psid	Pass	Fail
Relief Valve Opening Point	<u>2.5</u> psid	Pass	Fail
2 <sup>nd</sup> Check Valve		Pass	Fail
Outlet Valve	Pass	Pass	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 <sup>st</sup> Check Valve	____ psid	Pass	Fail
	2 <sup>nd</sup> Check Valve	____ psid	Pass	Fail
Date				

### 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	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 Ryzek Signature Ray Ryzek  
 Phone 724-557-6489 Company Name CASD TECHNICAL WV Cert. No. 31072 Date 3-12-18

## 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, mode inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) John Gulletge Signature [Signature] Phone No. 204 329 1680  
 Title: ARA Date: 20180312

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Fax: