

**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

Facility Name: 96APC  
Contact Person: JENNIFER

WV 022  
RAILIE

Address: Kingwood WV  
Phone No. \_\_\_\_\_

**Assembly Information**

Make: WIKING ZURN  
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	
Date	2 <sup>nd</sup> Check Valve	psid
		Pass Fail

**Reduced Pressure Assembly**

1 <sup>st</sup> Check Valve	9 psid	Pass Fail
Relief Valve Opening Point	3.5 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		



**Double Check Assembly**

Re-Test After Repairs	Outlet Valve	Pass Fail
	1 <sup>st</sup> Check Valve	
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 Ryckek Signature Ray Ryckek  
Phone 304-557-6489 Company Name CASTO TECHNICA (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 Gullege Signature JMO.M Phone No. 304-329-1680  
Title: ARA Date: 20180312

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

Phone  
Fax:

**Annual Test & Maintenance Report for Backflow Prevention Assemblies**

Facility Name: USARC WV022 Address: Kingwood WV  
 Contact Person: JENNIFER BAILE Phone No. \_\_\_\_\_

**Assembly Information**  
 Make: WATTS  
 Model: 909  
 Size: 2"  
 Serial Number: 276706

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

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
<u>3-12-18</u>			

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	7.5 psid	Pass Fail
Relief Valve Opening Point	2.5 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	

Double Check Assembly		
1 <sup>st</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

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

**Double Check Assembly**

1<sup>st</sup> Check Valve \_\_\_\_\_ psid Pass Fail

Relief Valve Opening Point \_\_\_\_\_ psid Pass Fail

2<sup>nd</sup> Check Valve \_\_\_\_\_ psid Pass Fail

Outlet Valve 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 Ryrczek Signature Ray Ryrczek WV Cert. No. 31072 Date 3-12-18  
 Phone 724-557-6489 Company Name CASIO 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) John Gullidge Signature John Gullidge Phone No. 304 329 1620  
 Title: ARA Date: 20180312

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