

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

Facility Name: USARC Lewisburg Address: _____
Contact Person: _____ Phone No. _____

Assembly Information
Make: WATTS
Model: 909 M1QT RP
Size: 2
Serial Number: 305731

Installation Information

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room	Room Number: _____
Mechanical Room <input checked="" type="checkbox"/>	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>3-20-18</u>		

Reduced Pressure Assembly

1 st Check Valve	<u>8.8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3.4</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

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>3-20-18</u>		

Reduced Pressure Assembly

1 st Check Valve	<u>8.8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>3.4</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

70 PSI

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. WVOP30542 Date 3-20-18

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) Mr. DONALD TROTT Signature [Signature] Phone No. 304-647-32
Title: Unit Administrator Date: _____

Return White Copy With \$ _____ fee to:

Phone
Fax:

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

Facility Name: USARC Lewisburg Address: _____
Contact Person: _____ Phone No. _____

Assembly Information
Make: Watts
Model: 909 MIRT
Size: 2
Serial Number: 305617

Installation Information

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room	Room Number: _____
Mechanical Room <input checked="" type="checkbox"/>	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>3-20-18</u>		

Reduced Pressure Assembly

1 st Check Valve	<u>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>2.8</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

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>3-20-18</u>		

Reduced Pressure Assembly

1 st Check Valve	<u>8</u> psid	Pass <input checked="" type="checkbox"/> Fail
Relief Valve Opening Point	<u>2.8</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

70 @ PSI

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. 304-545-383
Company Name Casto Technical Services WV Tester Cert. No. WVOP30542 Date 3-20-18

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) Mr. RONALD MOUT Signature [Signature] Phone No. 304-647-3206
Title: Unit Administrator Date: _____

Return White Copy With \$ _____ fee to:

Phone
Fax: