

**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 M1 QT RP  
 Size: 2  
 Serial Number: 305 731

**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	8.8 psid	Pass ✓ Fail
Date <u>3-20-18</u>	2 <sup>nd</sup> Check Valve	3.4 psid	Pass ✓ Fail

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	8.8 psid	Pass ✓ Fail
Relief Valve Opening Point	3.4 psid	Pass ✓ Fail
2 <sup>nd</sup> Check Valve	Tight	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	8.8 psid	Pass ✓ Fail
Date <u>3-20-18</u>	2 <sup>nd</sup> Check Valve	3.4 psid	Pass ✓ Fail

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	8.8 psid	Pass ✓ Fail
Relief Valve Opening Point	3.4 psid	Pass ✓ Fail
2 <sup>nd</sup> Check Valve	Tight	Pass ✓ Fail
Outlet Valve	Pass ✓	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  
 Company Name Casto Technical Services

Signature John Starcher Phone No. 304-545-3888  
 WV Testgr 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 Trov Signature D. Trov 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 MIAT  
Size: 2  
Serial Number: 305617

**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>3-20-18</u>			

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	8 psid	Pass ✓ Fail
Relief Valve Opening Point	2.8 psid	Pass ✓ Fail
2 <sup>nd</sup> Check Valve	Tight	Pass ✓ Fail
Outlet Valve	Pass ✓	Fail

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

Repairs & Materials Used	

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	8 psid	Pass ✓ Fail
Relief Valve Opening Point	2.8 psid	Pass ✓ Fail
2 <sup>nd</sup> Check Valve	Tight	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	Pass Fail
	2 <sup>nd</sup> Check Valve	psid	Pass Fail
Date			
<u>3-20-18</u>			

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	8 psid	Pass ✓ Fail
Relief Valve Opening Point	2.8 psid	Pass ✓ Fail
2 <sup>nd</sup> Check Valve	Tight	Pass ✓ Fail
Outlet Valve	Pass ✓	Fail

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

70 0 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  
Company Name Casto Technical Services

Signature James Starcher Phone No. 304-545-3383  
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 MORT Signature D. Mort Phone No. 304-647-3206  
Title: Unit Administrator Date: \_\_\_\_\_

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

Phone  
Fax: