

STATE OF WEST VIRGINIA

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - New Martinsville WV031
 Contact Person: Eric Ritchie

Address: 1370 North State Street Route 2
 Phone No. (740) 236-8462

Assembly Information

Make: Watts
 Model: 009M2 RP
 Size: 2"
 Serial Number: A56105-2

Installation Information

Containment		Isolation
Meter Pit	Basement	Floor Number: _____
Penthouse	Boiler Room <input checked="" type="checkbox"/>	Room Number: _____
Mechanical Room	Protection Provided: <u>Main Building</u>	

Double Check Assembly

Initial Test	Outlet Valve		Pass	Fail
	1 st Check Valve	____psid	Pass	Fail
Date _____	2 nd Check Valve	____psid	Pass	Fail

Reduced Pressure Assembly

1 st Check Valve	9.2psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	4.5psid	Pass <input checked="" type="checkbox"/>	Fail
2 nd Check Valve		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
Date _____	2 nd Check Valve	____psid	Pass	Fail

Reduced Pressure Assembly

1 st Check Valve	____psid	Pass	Fail
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2 nd 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) Jessie Biddle
 Company Name Casto Technical Services

Signature [Signature]

WV Tester Cert. No. WVOP31110

Phone No. _____
 Date 3/13/18

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 Thomas
 Title: Facility Manager

Signature [Signature]

Phone No. _____
 Date: 3/13/18

Return White Copy With \$ _____ fee to:

Phone
 Fax:

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