

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 | <u> </u> psid | Pass Fail |
| | 2 nd Check Valve | <u> </u> psid | Pass Fail |
| Date _____ | | | |

Reduced Pressure Assembly

| | | |
|-----------------------------|--|---|
| 1 st Check Valve | <u> </u> psid | Pass <input checked="" type="checkbox"/> Fail |
| Relief Valve Opening Point | <u> </u> 4.5 psid | 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 | <u> </u> psig | Pass Fail |
| Check Valve | <u> </u> psig | Pass Fail |

Repairs & Materials Used

| | |
|--------------|--|
| Initial Test | |
| Date _____ | |

| | |
|--------------|--|
| Initial Test | |
| Date _____ | |

| | |
|--------------|--|
| Initial Test | |
| Date _____ | |

Double Check Assembly

| | | | |
|-----------------------|-----------------------------|----------------|-----------|
| Re-Test After Repairs | Outlet Valve | | Pass Fail |
| | 1 st Check Valve | <u> </u> psid | Pass Fail |
| | 2 nd Check Valve | <u> </u> psid | Pass Fail |
| Date _____ | | | |

Reduced Pressure Assembly

| | | |
|-----------------------------|----------------|-----------|
| 1 st Check Valve | <u> </u> psid | Pass Fail |
| Relief Valve Opening Point | <u> </u> psid | Pass Fail |
| 2 nd Check Valve | | Pass Fail |
| Outlet Valve | Pass | Fail |

Pressure Vacuum Breaker

| | | |
|-----------------|----------------|-----------|
| Air Inlet Valve | <u> </u> psig | Pass Fail |
| Check Valve | <u> </u> 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
 WV Tester Cert. No.

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
 Date: 3/13/18

Return White Copy With \$ _____ fee to:

Phone
 Fax: _____

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Contact Person: Eric Ritchie

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Assembly Information

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

Installation Information

| Containment | Isolation |
|-----------------|---|
| Meter Pit | Basement |
| Penthouse | Boiler Room <i>X</i> |
| Mechanical Room | Protection Provided: <i>Main Building</i> |

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 | <u>9.2</u> psid | Pass | X |
| Relief Valve Opening Point | <u>4.5</u> psid | Pass | X |
| 2 nd Check Valve | | Pass | X |
| Outlet Valve | Pass | X | Fail |

Pressure Vacuum Breaker

| 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 |
| | 1st Check Valve | <u> </u> psid | Pass Fail |
| Date <u> </u> | 2nd Check Valve | <u> </u> psid | Pass Fail |

Reduced Pressure Assembly

| | | |
|--------------------------------|-----------|--------------|
| 1 st Check Valve | ____ psid | Pass Fail |
| Relief Valve Opening Point | ____ psid | Pass Fail |
| 2 nd Check Valve | | Pass Fail |
| Outlet Valve | Pass | Fail |

Pressure Vacuum Breaker

| 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 John Doe
WV Tester Cert. No.

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 John T. R.

Phone No.

Date: 3/13/18

Return White Copy With \$ see to:

Phone
Fax: