

# STATE OF WEST VIRGINIA

## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - Parkersburg WV046  
 Contact Person: Eric Ritchie

Address: 4603 Camden Avenue  
 Phone No. (740) 236-8462

### Assembly Information

Make: Watts  
 Model: 909M1  
 Size: 2  
 Serial Number: 443701

### Installation Information

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

#### Double Check Assembly

Initial Test	Outlet Valve		Pass
	1 <sup>st</sup> Check Valve	____psid	Fail
Date _____	2 <sup>nd</sup> Check Valve	____psid	Pass
			Fail

#### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	_____psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	_____psid	Pass <input checked="" type="checkbox"/>	Fail
2 <sup>nd</sup> 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 <sup>st</sup> Check Valve	___psid	Pass Fail
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) Jessie Biddle  
 Company Name Casto Technical Services

Signature Jessie Biddle

WV Tester Cert. No. WVOP31110

Phone No. \_\_\_\_\_  
 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) Michael Dye  
 Title: GS9

Signature Michael Dye

Phone No. \_\_\_\_\_  
 Date: 3/20/18

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

Phone  
 Fax:

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## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC - Parkersburg WV046  
 Contact Person: Eric Ritchie

Address: 4603 Camden Avenue  
 Phone No. (740) 236-8462

### Assembly Information

Make: Watts  
 Model: 909M1  
 Size: 2  
 Serial Number: 443692

### Installation Information

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

#### Double Check Assembly

Initial Test	Outlet Valve		Pass	Fail
	1 <sup>st</sup> Check Valve	____psid	Pass	Fail
Date _____	2 <sup>nd</sup> Check Valve	____psid	Pass	Fail

#### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	8.2psid	Pass <input checked="" type="checkbox"/>	Fail
Relief Valve Opening Point	2.5psid	Pass <input checked="" type="checkbox"/>	Fail
2 <sup>nd</sup> 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 <sup>st</sup> Check Valve	____psid	Pass	Fail
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) Jessie Biddle Signature [Signature] Phone No. 483-5241  
 Company Name Casto Technical Services WV Tester Cert. No. WVOP31110 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) Michael Dye Signature [Signature] Phone No. \_\_\_\_\_  
 Title: GS9 Date: 3/20/18

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

Phone  
Fax: