

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 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> 3.8 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 | Outlet Valve | | Pass Fail |
| | 1 st Check Valve | <u> </u> psid | Pass Fail |
| | 2 nd Check Valve | <u> </u> psid | Pass Fail |
| 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 Jesse 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
 Date: 3/20/18 Phone No. _____

Return White Copy With \$ _____ fee to:

Phone
 Fax:

