

**CERTIFICATION OF WORK  
SERVICE CALL**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Service Call Number**

FEMS# \_\_\_\_\_ WO# \_\_\_\_\_

**Description of Repairs**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

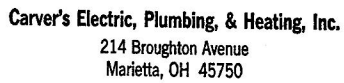
To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Thomas m mcburney

E-Mail: Thomas Mcburney



**740-373-5816 or carversplumbing1946@gmail.com**

30639

**TERMS:**

PHONE	DATE OF ORDER <b>10-2-25</b>
ORDER TAKEN BY	CUSTOMER'S ORDER NUMBER
<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA	
JOB NAME/NUMBER <b>Mike Dye</b>	
JOB LOCATION	
JOB PHONE <b>740-538-4328</b>	STARTING DATE

[illegible]

Work ordered by

Signature

I hereby acknowledge the satisfactory completion of the above described work.

Thank You

TAX

TOTAL

# GENERAL BACKFLOW ASSEMBLY TESTER INSPECTION FORM

Facility Name: U.S. Army Res. CTR Address: Parkersburg, WV 4605 Camden Ave  
 Contact Person: Mike Dye Phone: 740-538-4328

## Assembly Information

Make: WANS  
 Model: 909 M2 RT  
 Size: 2"  
 Serial Number: 443761

## Installation Information

Containment ☐ Isolation ☐  
 Meter pit Basement ☐ Floor Number:           
 Penthouse ☐ Boiler Room ☐ Room Number:           
 Mechanical Room ☐ Protection Provided:         

## INITIAL TEST

### Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 <sup>st</sup> Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>
Relief Valve Opening Point	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

### Pressure Vacuum Breaker

Air Inlet Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

## TEST AFTER REPAIR

### Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 <sup>st</sup> Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

### Reduced Pressure Assembly

1 <sup>st</sup> Check Valve	<u>7.8</u>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	<u>0.8</u> psig	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
2 <sup>nd</sup> Check Valve	<u>4.6</u> psig	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>

### Pressure Vacuum Breaker

Air Inlet Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	<u>        </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

I certify the above data is correct and the backflow prevention device is in proper working condition.

Full Tester Name (Print): Jerry Felton Date: 10-2-25

Tester Signature: [Signature] Certification Number: WV40 25780

TR-94 # 234305 Ltr. 1-15-25