

CERTIFICATION OF WORK

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

FACID/Building: DECOM

Date of Visit: 9/1/20

Contractor Personnel on Site:

1. Josh Stephenson
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Replace 1" Backflow ^{#Install New} (#203643) in Mech Rm.
2. Repair Valves on 2" Backflow (#9925)
3. _____

WO# 11914 CSS# 22801 Date: 24/5/20 (quote adding union's
on Boilers + Changing
3" Backflow)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 9/1/20

Signed: Josh Stephenson

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: JASON GAVIN AFOS

Date: 9/1/2020

Signed: Jason Gavin

E-Mail: _____

Backflow Testable
Inspection Tag

DO NOT REMOVE THIS



S&S MECHANICAL

301-574-1555

Tester Name: Josh Stephenson

License #: BF2019-101

Backflow Test Date: 9-1-20

Address: 1001 Ogeltown Rd
Newark DE 19711

Pass

Fail

BUILDING-BACKFLOW PREVENTION
ASSEMBLY CERTIFIED TEST REPORT

PROPERTY

PROJECT NAME

DE007

PROPERTY ADDRESS

1001 Ogeltown Rd, Newark DE, 19711

MAILING ADDRESS

CONTACT FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

ASSEMBLY TYPE

REDUCED PRESSURE PRINCIPLE (RP)

REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

PRESSURE VACUUM BREAKER (PBV)

DOUBLE CHECK VALUE (DCV)

SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

DATE INSTALLED

MANUFACTURER

MODEL NUMBER

SERIAL NUMBER

SIZE

2"

LOCATED AT
Sprinkler Rm

Flometric RPZ-E

9925

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMBING CODE? YES NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	OPENED AT <input type="checkbox"/> LEAKED	OPENED AT <input type="checkbox"/> LEAKED	HELD AT <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT <input type="checkbox"/> RP <u>7.0</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> RP <u>6.2</u> PSI	OPENED AT <u>2.2</u> PSI	OPENED AT <input type="checkbox"/> LEAKED	HELD AT <input type="checkbox"/> LEAKED

NOTES

- TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.
- TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME

S.S. Mech.

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

4831 South Crain Hwy. upper
Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh Stephenson

LAST NAME

Stephenson

CERTIFIED TESTER NUMBER

BF2019-101

W. O. C. ENGINEER

TEST DATE

9/1/20

INSPECTION REQUEST LINE 713.662.5805 | BEFORE 4:30 PM FOR NEXT DAY

3826 AMHERST ST. WEST UNIVERSITY PLACE, TX 77005 | 713.662.5833 | INSPECTIONS@WESTUTX.GOV

TEST GAUGE USED

MAKE/MODEL

Walt's/TK9A

SERIAL NUMBER

770304

CALIBRATION DATE (Tested Annually)

6-18-20

REMARKS

Pass

ACKNOWLEDGMENT

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS

PASS FAIL

SIGNATURE OF CERTIFIED TESTER

PRINT NAME

Josh Stephenson

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

DO NOT
S & S MECHANICAL
301-574-1555



City of
West University
Place

Public Works Department
Development Services

BUILDING-BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

Master Name: Josh Stephenson
License #: BF2019-101
Backflow Test Date: 9-1-20
Address: 1001 Ogletown Rd.
Newark DE 19711

Pass

Fail

PROJECT NAME <u>DE007</u>	
PROPERTY ADDRESS <u>1001 Ogletown Rd, Newark DE 19711</u>	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE

- REDUCED PRESSURE PRINCIPLE (RP) REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
 PRESSURE VACUUM BREAKER (PBV) DOUBLE CHECK VALUE (DCV) SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

DATE INSTALLED <u>9/1/20</u>	MANUFACTURER <u>Watts</u>	MODEL NUMBER <u>LF009M2QT 203643</u>	SERIAL NUMBER	SIZE <u>1"</u>	LOCATED AT <u>Mech. Rm</u>
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	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP <u>7.2</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>4.7</u> PSI	OPENED AT <u>2.4</u> PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

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- TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR

COMPANY NAME <u>S+S Mech</u>	CONTRACTOR REGISTRATION NUMBER
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COMPANY ADDRESS
4831 South Crain Hwy Upper Marlboro MD

PHONE NUMBER
301-574-1555

CERTIFIED TESTER

FIRST NAME <u>Josh</u>	LAST NAME <u>Stephenson</u>
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CERTIFIED TESTER NUMBER
BF2019-101

W. O. C. ENGINEER

TEST DATE
9/1/20

TEST GAUGE USED

MAKE/MODEL <u>Watts TK9A</u>	SERIAL NUMBER <u>770504</u>
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CALIBRATION DATE (Tested Annually)

4-18-20

REMARKS

PCSS.

ACKNOWLEDGMENT

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS PASS FAIL

SIGNATURE OF CERTIFIED TESTER

Josh Stephenson

PRINT NAME

DATE

9/1/20

HEATING HOT WATER RETURN

DOMESTIC COLD WATER



