

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

FACID/Building: DE007

Date of Visit: 10/1/20

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. Remove old Backflow in Building #1 asset # 1046
2. One Replaced with new backflow 951 TSFP
3. Serial # UG17-50

WO# 12853 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 10/1/20

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: Danielle Barnett Date: 10/1/20

Signed: Danielle Barnett

E-Mail: _____



Backflow Testable
Inspection Tag

DO NOT REMOVE THIS



S&S MECHANICAL

301-574-1555

Tester Name: Josh Stephenson

License #: BF 2019-101

Backflow Test Date: 10/1/20

Address: 1001 Olgetown Rd
Newark, DE 19711

Pass Fail



City of
West University
Place

Public Works Department
Development Services

**BUILDING-BACKFLOW PREVENTION
ASSEMBLY CERTIFIED TEST REPORT**

PROPERTY	
PROJECT NAME	DE001
PROPERTY ADDRESS	1001 Olgetown Rd
MAILING ADDRESS	Newark, DE 19711
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	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
10/1/20	Watts	951	UGMS0	3"	Blg 1 Boiler Rm

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	D.C. CLOSED TIGHT RP 5.8 PSI <input type="checkbox"/> LEAKED	CLOSED TIGHT 6.2 PSI <input type="checkbox"/> LEAKED	OPENED AT 2.4 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 type="checkbox"/> D.C. CLOSED TIGHT RP 5.8 PSI	<input type="checkbox"/> CLOSED TIGHT 6.2 PSI	OPENED AT 2.4 PSI	OPENED AT ____ PSI	HELD AT ____ PSI

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	CONTRACTOR REGISTRATION NUMBER
S+S Mech.	

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME	LAST NAME
Josh	Stephenson

CERTIFIED TESTER NUMBER

BF 2019-101

W. O. C. ENGINEER

TEST DATE
10/1/20

TEST GAUGE USED

MAKE/MODEL	SERIAL NUMBER
Watts TK9A	770804

CALIBRATION DATE (Tested Annually)

6-18-20

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

DATE

10/1/20

PRINT NAME

