

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

FACID/Building: DE007 Date of Visit: 10/7/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Josh Stephens</u> | 4. _____ |
| 2. <u>Brian Davis</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

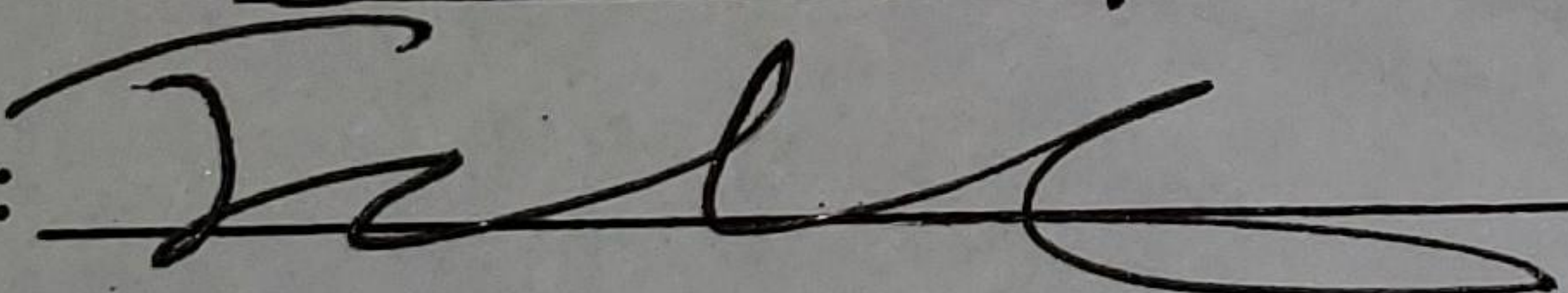
- | | |
|--|-------------------------|
| 1. <u>Remove old Backflow in Building #1</u> | <u>asset # 1046</u> |
| 2. <u>and Replaced with new Watts 957</u> | <u>ISFP</u> |
| 3. _____ | <u>Serial # UG17-50</u> |

WO # 12853 CSS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

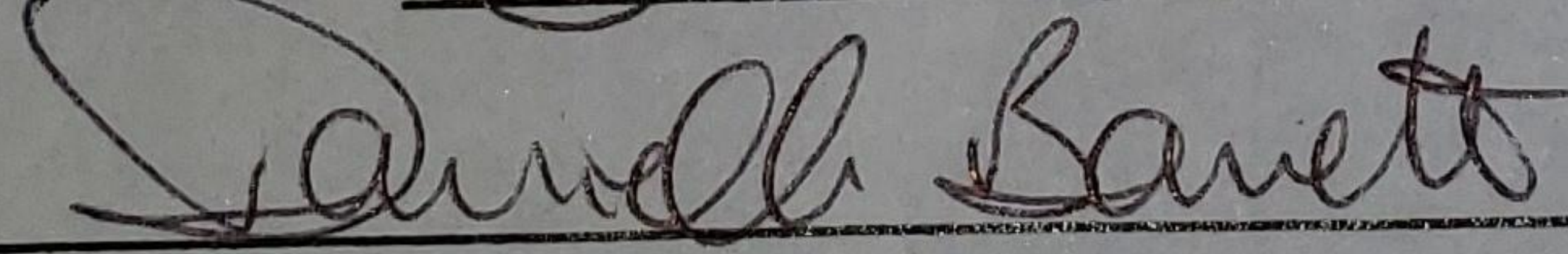
Print Name: Josh Stephens Date: 10/7/20

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: Danielle Barnett Date: 10/7/20

Signed: 

E-Mail: _____



Backflow Testable
Inspection Tag
DO NOT REMOVE THIS



S&S MECHANICAL

301-574-1555

Tester Name: Josh Stephens

License #: BF 2019-101

Backflow Test Date: 10/7/20

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

DE007

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 VALVE (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

10/1/20

MANUFACTURER

Watts

MODEL NUMBER

951

SERIAL NUMBER

UGM50

SIZE

3"

LOCATED AT

Blkg 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	<input checked="" type="checkbox"/> D.C. CLOSED TIGHT RP <u>5.8</u> PSI	<input checked="" type="checkbox"/> CLOSED TIGHT <u>6.2</u> PSI	OPENED AT <u>2.4</u> PSI	OPENED AT ____ PSI	HELD AT ____ PSI
	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP <u>5.8</u> PSI	<input type="checkbox"/> CLOSED TIGHT <u>6.2</u> PSI	OPENED AT <u>2.4</u> 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

S+S Mech.

CONTRACTOR REGISTRATION NUMBER

COMPANY ADDRESS

Upper Marlboro MD

PHONE NUMBER

301-574-1555

CERTIFIED TESTER

FIRST NAME

Josh

LAST NAME

Stephens

CERTIFIED TESTER NUMBER

BF 2019-101

W. O. C. ENGINEER

TEST DATE

10/7/20

TEST GAUGE USED

MAKE/MODEL

Watts TK9A

SERIAL NUMBER

770804

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

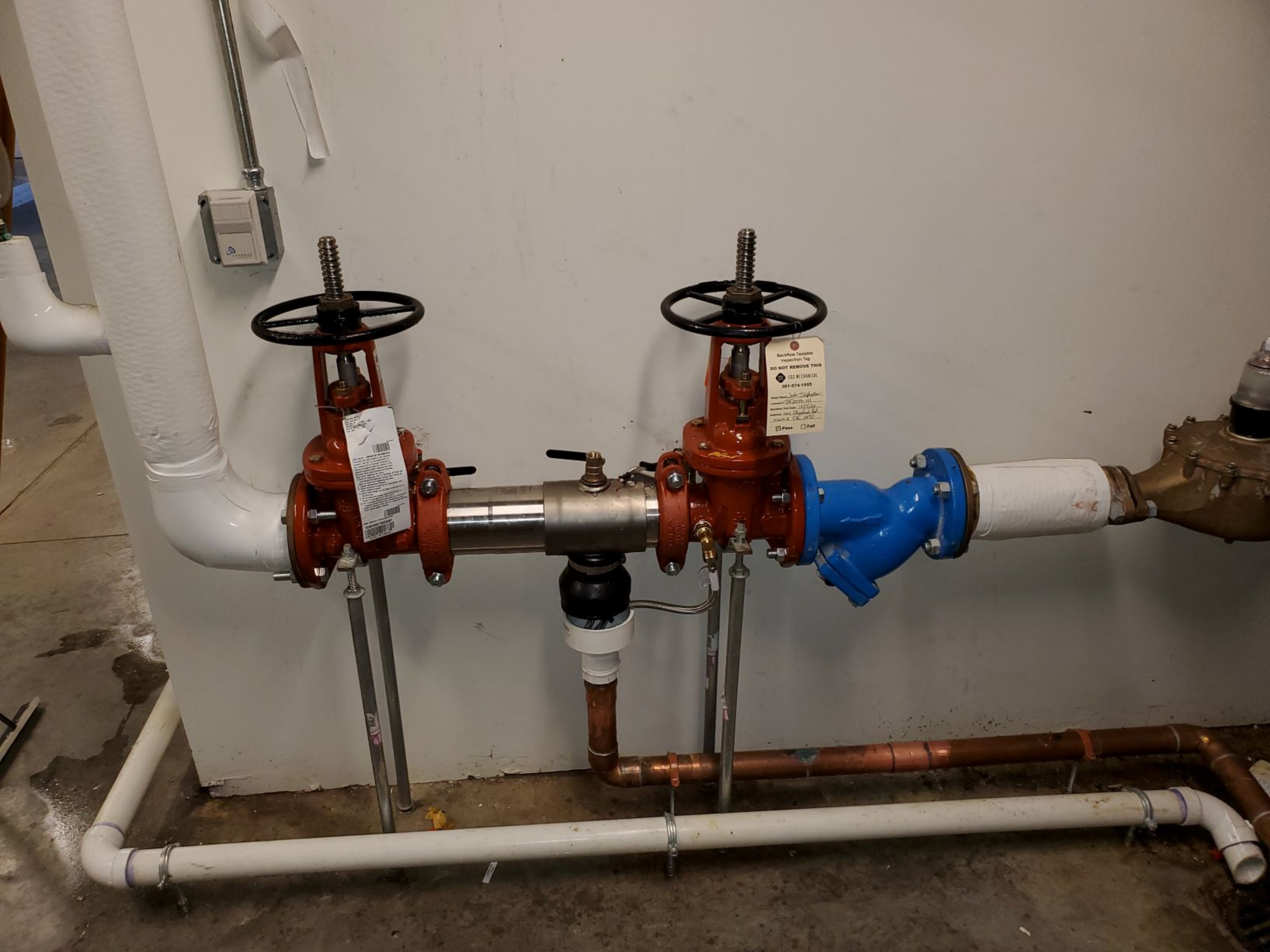
SIGNATURE OF CERTIFIED TESTER

PRINT NAME

Josh Stephens

DATE

10/7/20



Backflow Testable
Inspection Tag
DO NOT REMOVE THIS
S&S MECHANICAL
301-574-1555
Inspector Name: John S. S. S.
License #: 1000000000
Expiration Date: 10/1/2020
Address: 1000000000
Signature: [Signature]
☒ Pass ☐ Fail

Backflow Testable
Inspection Tag
DO NOT REMOVE THIS
S&S MECHANICAL
301-574-1555
Inspector Name: John S. S. S.
License #: 1000000000
Expiration Date: 10/1/2020
Address: 1000000000
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☒ Pass ☐ Fail