CERTIFICATION OF WORK

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

FACID/Building: [redacted] D501 Date of Visit: 11/17/20

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. Test FHA Backflows 2 Mech Rm
2. 2-In Mess Bldg. fire Hookup Rm
3. _____

WO# 13156 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens Date: 11/17/20

Signed: [signature]

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: 11/17/2020

Signed: [signature]

E-Mail: _____

City of
West University
Place

Public Works Department
Development Services

BUILDING–BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME DE007	
PROPERTY ADDRESS 1001 Old getown Rd. 1001	
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 BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AN MAINTAINED AS REQUIRED BY TCEQ-CHAPT RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPL REQUIREMENTS.

DATE INSTALLED	MANUFACTURER Wattes AmesFirewater	MODEL NUMBER COH 300-GU	SERIAL NUMBER LA-0322	SIZE 6"	L

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING CO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLE
	CHECK VALVE #1	CHECK VALVE #2		
INITIAL TEST	☐ D.C. CLOSED TIGHT RP _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	OPENED A ☐ LE
**REPAIRS AND MATERIAL USED				
FINAL TEST	☒ D.C. CLOSED TIGHT RP 3.4 PSI	☒ CLOSED TIGHT 3.6 PSI	OPENED 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 Stephenson
CERTIFIED TESTER NUMBER TBf 2019-101	
W. O. C. ENGINEER	
TEST DATE 11/17/20	

TEST GAUGE USED

MAKE/MODEL Watts / TK9A	SERIAL NUMBER 770504
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	DATE 11/17/20
PRINT NAME Josh Stephenson	

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PAGE 1 OF 1

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

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PAGE 1 OF 1

Backflow Testa
Inspection Tag
DO NOT REMOVE T
S&S MECHANICA
301-574-1555
Tester Name: Josh Stephenson
License #: TBf2019-101
Backflow Test Date: 11/17/20
Address: DE007 Newark DE
☐ 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 1061 Old Town Rd 1001	
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 BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AN 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
	Watts	200BM3	21361	3/4	Mech. Rm

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING 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 _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	HELD AT _____ ☐ LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	☒ D.C. CLOSED TIGHT RP 2.1 PSI	☒ CLOSED TIGHT 2.3 PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD

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	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 TBF 2019-101	
W. O. C. ENGINEER	
TEST DATE 11/17/20	

TEST GAUGE USED

MAKE/MODEL	SERIAL
Watts / TK9A	7710
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	DATE
PRINT NAME	

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

Backflow Test
Inspection Ta
DO NOT REMOVE
S&S MECHANIC
301-574-1555
Tester Name: Josh Stephens
License #: TBF2019-101
Backflow Test Date: 11/17/20
Address: DE007 Newark DE
☒ Pass
☐ Fail

JOSH STEPHENSON

City of West University Place

Public Works Department
Development Services

BUILDING–BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROJECT NAME	DE007
PROPERTY ADDRESS	1001 Odgetown 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 BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AN 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 T REQUIREMENTS.

DATE INSTALLED	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT
	Watts	200BM3	21315	3/4	

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S UNIFORM PLUMING CODE? ☐ Y

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM F
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET
	CHECK VALVE #1	CHECK VALVE #2		
INITIAL TEST	☐ D.C. CLOSED TIGHT RP _____ PSI ☐ LEAKED	☐ CLOSED TIGHT _____ PSI ☐ LEAKED	OPENED AT _____ PSI ☐ LEAKED	OPENED AT _____ PS ☐ LEAKED
**REPAIRS AND MATERIAL USED				
FINAL TEST	☐ D.C. CLOSED TIGHT RP 3.7 PSI	☐ CLOSED TIGHT 3.6 PSI	OPENED AT _____ PSI	OPENED AT _____

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	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	JSF 2019-101
W. O. C. ENGINEER	
TEST DATE	11/17/20

TEST GAUGE USED

MAKE/MODEL	SERIAL NUMBER
Watts / TK9A	770504
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	DATE 11/17/20
PRINT NAME	Josh Stephenson

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

Backflow Inspect
DO NOT REM
S&S MECH
301-574-155
Tester Name: Josh St
License #: JSF 2019-101
Backflow Test Date: 11/17/20
Address: DE007 Newark DE
☒ Pass ☐ Fail

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