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

FACID/Building: VA006 Date of Visit: 2/12/21

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. Test Back flow device, fill out tag + paper work.
2. _____
3. _____

WO# 13650 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens Date: 2/12/21

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: Donald Huson Date: 2/12/2021

Signed: [signature]

E-Mail: Donald.L.Huson.CTR@mail.mil


KEY PLEAT
Purolator
5251104789 12
Test Tag
TEST TAG
BACKFLOW PREVENTER
EAGLE FIRE
7459 White Pine Road, Richmond, VA 23237-2261
Phone 804-743-3500 · Fax 804-743-2504
LOCATION
ADDRESS
TYPE OF BACKFLOW PREVENTER
AIR GAP
D.C.V.A.
R.P.Z.
A.V.B.
P.V.B.
OTHER
MODEL
SERIAL #
HAZARD
MAKE
SIZE
A.S.S.E. #
TEST RESULTS
DATE TESTED:
CHECK #1
PSID / CHECK #2
PSID
RELIEF OPENED AT
PSID
PASSED TEST
FAILED TEST
CONDITION/ REASON FOR FAILURE
NEXT TEST DUE:
TECHNICIAN:
SIGNATURE:
TECH LIC #:
CERT TESTER#/Date:
DO NOT REMOVE BY ORDER OF
THE STATE FIRE MARSHAL
PVC 1120 SCH 40 PR 450 PSI @ 23C ASTM D-1785

City of
West University
Place

Public Works Department
Development Services

BUILDING–BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

PROPERTY	
PROJECT NAME VA006	
PROPERTY ADDRESS	
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 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	909	530015	3/4	Boiler 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 _____ PSI ☐ LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	☐ D.C. CLOSED TIGHT RP 4 PSI	☐ CLOSED TIGHT 4.5 PSI	OPENED AT 2 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	
PHONE NUMBER	

CERTIFIED TESTER

FIRST NAME	LAST NAME
Josh	Stephenson
CERTIFIED TESTER NUMBER	BF2019-101
W. O. C. ENGINEER	
TEST DATE	2-12-21

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 2-9-21
PRINT NAME Josh Stephenson	

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

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPO