

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA006 Date of Visit: 3-3-21

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Cory Sandlin</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 26810375

Description of Repairs

Replaced backflow in mechanical room that feeds
the make-up water to the boilers. Tested new
backflow. backflow passed.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cory Sandlin Date: 3-3-21

Signed: Cory Sandlin

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: CW Mickel/ Gen Date: 3 MAR 2021

Signed: [Signature]

E-Mail: _____

ALBEMARLE COUNTY SERVICE AUTHORITY

168 Spotnap Road, Charlottesville, Virginia 22911

phone: (434) 977-4511; email: enutter@serviceauthority.org; fax: (434) 979-0698

Backflow Prevention Device Certification/Test Report

Please Fill Out This Form Completely

Name of Premises: USARC VA006

Service Address: 1634 cherry Ave. charlottesville VA 22903

Mailing Address: _____

Phone No. of Premises: _____

Location of Device: Mechanical room

Device: Watts LF909 3/4" 060279
(Manufacturer) (Model) (Size) (Serial Number)

Use: Domestic ☐ Fire ☐ Irrigation ☐ Other (Explain) Make-up water

New Device ☒ Existing Device ☐

If device is a replacement, record serial number of previous device 530013

Line pressure at time of test: 50 psi

Is the rain sensor of the
irrigation system operational?
(required)
Yes ☐ No ☐

NOTE: Record the actual psi values below, including valve #2

	Check Valve #1 (minimum 5.0 psi for RPZ) (minimum 1.0 psi for DC)	Check Valve #2 (minimum 1.0 psi for RPZ) (minimum 1.0 psi for DC)	Pressure Relief Valve (minimum 2.0 psi for RPZ)
RPZ Test	Closed at <u>8.0</u> psi.	Closed at <u>2.0</u> psi.	Opened at <u>5.0</u> psi.
DC Test	Closed at _____ psi.	Closed at _____ psi.	

PASS ☒ FAIL ☐

Initial Test Performed By: Cory Sandlin Date: 3-3-21

Final Test Performed By: _____ Date: _____

Tester License Number: _____ Exp. Date: _____

Company Name: _____ Phone: _____

The information contained in this report is certified to be accurate.

Signature: Cory Sandlin Date: 3-3-21

ALL REPORTS MUST BE DELIVERED TO THE ACSA WITHIN 10 DAYS OF TESTING

Revised, 10/20/20



16X250

MAINTENANCE RECORD
DATE: 01/11/2020
TIME: 10:00 AM
BY: [Signature]
[Table with 10 columns and 5 rows for tracking maintenance]

Test

Tag

Back Flow Prevention

Device

Annual Inspection

INSPECTION DATE 3/3/21

TYPE OF DEVICE RPZ 3/4"

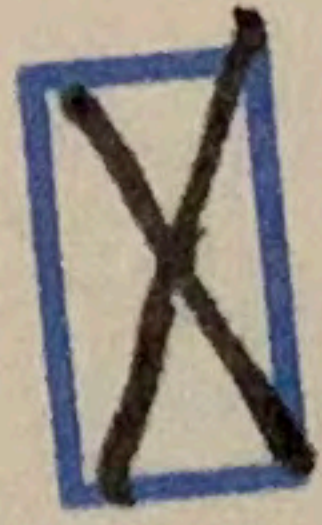
MFG. BY: Watts

MODEL # LF909 QT

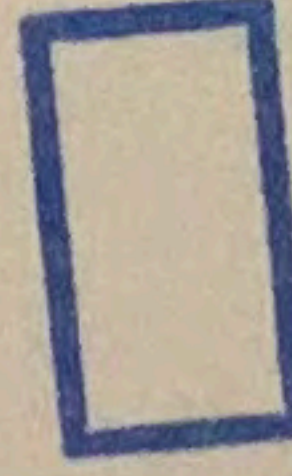
SERIAL # 060279

50 psi

PASSED



FAILED



① 8.0

② 5.0

② 2.0

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN
TESTED PER STATE AND LOCAL REGULATIONS.

NAME

Cory Sandlin

CARD #

2717058603

EXPIRED

3

3

22