

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA006 Date of Visit: 3-10-2022

Contractor Personnel on Site:

1. Mark
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 34302 WO# 16413

Description of Repairs

TEARDOWN and rebuild of boiler feed make up
WATER backflow, and reTEST

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mark Younger Date: 3-10-2022

Signed: Mark Younger

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: Michael A. Green CW1 Date: 3/10/2022

Signed: Michael A. Green

E-Mail: michael.a.green4.mil@army.mil



City of Charlottesville

305 4th Street, N.W., Charlottesville, VA 22903
Ph# 434-970-3800 Fx# 434-970-3817

Test and Maintenance Report Cross Connection and Backflow Prevention Assembly

Name of Owner

Mailing Address USARC VA006 1634 Cherry Ave. Charlottesville, VA. 22903

Name of Premises _____

Street Address

Location of Assembly Mechanical Room

Install Date _____

Type of Assembly RPZ

Manufacturer Watts

Size 3/4"

Model Number LF909QT

Serial Number 060279

Tested by (Firm Name) Moores Electrical & Mechanical

Licensed Tester's Number 2717057690

Business Address P.O. Box 119 Altavista, VA.

Telephone 434-369-4374

Date of Test 03/10/2022

Fault Repairs Needed due to annual test failure

Reason for Failure (if apparent)

Maintenance

Date of Request _____

I certify that I have tested the above assembly and that it meets the performance requirements of the City of Charlottesville.

(Signature of Licensed Tester)

Line pressure at time of test 55 psid.

Drop across Check Valve 1 _____ psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked _____ RP _____ psid 2. Closed Tight _____	Leaked _____ 2. Closed Tight _____	Opened at _____ psid reduced pressure 2. Did Not Open _____
R E P A I R S	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <hr/> <hr/> <hr/>	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <hr/> <hr/> <hr/>	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, large <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> Diaphragm, small <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> Spacer, lower <input type="checkbox"/> Other, describe <hr/> <hr/> <hr/>
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at <u>4.4</u> psid reduced pressure

Remarks: