CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: DE007 Date of Visit: 2/21/2020

Contractor Personnel on Site:

1. Garrett Cadray (JDM#1 Plumbing) 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 11607 BLDG 01 ASSET #1046 MODEL #RP2 SERIAL# ??? D0491
2. _____ RPZ-E
3. WO# 11608 BLDG 02 ASSET #1061 MODEL # ??? SERIAL ??? - 6 9925
4. _____
5. Building 1 Model RPZE Serial # G 7985

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Garrett Cadray Date: 2/21/2020

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 Barrett Date: 2/21/2020

Signed: _____

E-Mail: _____

JDM #1 PLUMBING, LLC.
1150 Paddock Road
Smyrna, DE 19977
302-659-1111
joshua@jdm1plumbing.com
www.jdm1plumbing.com

SERVICE ORDER INVOICE

THIS WORK IS TO BE ☐ C.O.D. ☐ CHARGE ☐ NO CHARGE

☐ REGULAR ☐ WARRANTY ☐ SERVICE CONTRACT

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

BILL TO Tide Water

7037

NAME

STREET 1001 Oglestown Rd. DATE 2/21

CITY Newark, DE P.O. #

PHONE (910) 598-5421 AUTHORIZED BY Danielle Bryant

EMAIL

WORK TO BE PERFORMED Test BFP

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	TOTAL MATERIALS		

HRS.	LABOR	RATE	AMOUNT
3	Garrett		
	TOTAL LABOR		

MATERIALS & LABOR MAY BE CONTINUED ON OTHER SIDE

HRS.	TRAVEL	RATE	AMOUNT
	TOTAL TRAVEL		

I have the authority to order the work outlined above, which has been completed satisfactorily. By signing below I acknowledge that I have read, understood and accept the General Terms and Conditions as set forth on the back of this Service Order Invoice.

CUSTOMER SIGNATURE DATE

DESCRIPTION OF WORK PERFORMED

Building 01

Asset # 1046 - Flomatic; RPZ 3" 250.00 -75.00

Serial # D0491

- Could not test due to clogged test port #3 from corrosion from 175 water.
- Recommend Rebuild (although rebuilds are not 100% garaunteed, due to corrosion of coated body of Backflow). Or replacement of backflow

- Also in building #01 175.00

1" Flomatic, RPZ E, Serial # G 7985

Line Pressure - 40 PSIG

Shut off #2 - Closed Tight

Check Valve #1 - Closed Tight @ 8.6 PSID

Relief - opened @ 2.4 PSID

Check Valve #2 - Dropped to 0.0 PSID

RECOMMENDATIONS

Failed Test - Recommend Rebuild or Replace

Building #02 - Flomatic RPZ - E 2" 175.00

Serial # - G 9925

Line Pressure - 55 PSIG

Shut off #2 - Closed Tight

Check Valve #1 - Closed @ 7.4

Relief - Opened @ 2.0

Check Valve #2 - Closed @ 2.6

Leaking Test Cocks

TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	600.00
TOTAL CHARGE	
DISCOUNT	-75.00
TOTAL	525.00

Thank You

ASSE International

Reduced Pressure Principle Backflow Preventer (RP)

ASSE Standard #1013 Field Test Report

Owner of Property _____

Address 1001 Ogletown Rd

City Newark State DE Zip Code _____

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: Flomatic Model #: RPZ - E

Size of Assembly: 2" Serial #: G 9925

Location of Assembly and Equipment or System Application: Sprinkler / Mechanical Room

Test Equipment:

Manufacturer: Apollo Model #: _____ Serial #: 03192976

Calibration Date: 7/1/19

Date test was performed: 2/21/2020 **Time test was performed:** 9:30 Am **Static Line Pressure:** 55 PSIG

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking ( ) Closed Tight (✓)	Leaking ( ) Closed Tight (✓)	Leaking ( ) Closed Tight (✓) Pressure Drop Across Check Valve #1 7.4 psid	Opened at 2 psid
Describe parts and repairs when needed				
Final Test	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 ___ psid	Opened at ___ psid

Certified Tester (print) Gerry M Cordy

Address 1150 Paddock Rd.

City Smyrna State DE Zip 19977

Phone #: 302 659-1141

License #: _____ Certification # 43256

Assembly Final Test Performance

Pass ☑

Fail ☐

Signature _____ Date: _____

Comments or Recommendations (continue to other side, if needed): _____

Test Cocks were leaking and need to be replaced.