

#3

ASSET # 7197

User:

WV 041-01 PFC ANTHONY F. EAFRATI, USAR

Service

Address:

100 FRONT STREET, WEIRTON, WV 26062-4297

Owner:

U. S. Gov.

Mailing

Address:

Type of

Assembly:

RPZ
WATTS

Assembly

Make:

WATTS

Assembly

Model:

LF009M3AT 91795

Assembly

Serial No.

Assembly

Size:

3/4

Test Kit Used:

Midwest

Meter Number:

845

Calibration Date:

7.17.18

Location on

Site: MAIN BUILDING - Boiler Room

[] REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY (RPBA/RPDA)

[] DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY (DCVA/DVDA)

Static Line Pressure	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
75 PSI		9.4	
Initial Test Date: 2-26-19 Time: 9:00	<input checked="" type="checkbox"/> Closed Tight 9.0 PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.0 PSID <input type="checkbox"/> Did not open
MAINTENANCE OF ASSEMBLY	[] Cleaned [] Repaired	[] Cleaned [] Repaired	[] Cleaned [] Repaired

DESCRIBE REPAIR:

EXISTING ASSEMBLY REPLACED:

Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No:	Assembly Size:
Test After Repairs Date:	[] Closed Tight PSID (RP Only)	[] Closed Tight	Opened at _____ PSID	

COMMENTS:

Initial	Print Name	Signature	Company/Phone	Certification No.
Test by:	BRANDON NICKLAS			WVOP31184
Test after				
Repairs by:				
On-site				
Contact:				
Return original to:				

CERTIFICATION OF WORK

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

FACID/Building: WV041 Date of Visit: 02.26.19

Contractor Personnel on Site:

1. BILL LOGUE
2. BRANDON NICKLAS
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. WO # 7246 , ASSET # 7197, BACKFLOW TEST
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: WILLIAM LOQUE Date: 02/26/19
Signed: Wm. Loque Bl C.M.

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: SGT Komarick, Nathan Date: 26 Feb 2019
Signed: 

E-Mail: info@mathworks.de

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WV 041-01 Backflow
Asset # 7197