

#9

ASSET 7207

User: WY 043-02 BG J SUMMER JONES USA RC

Service Address: 25 ARMORY DRIVE, WHEELING WV 26003

Owner:

Mailing Address:

Type of Assembly: Assembly Make: Assembly Model: Assembly Serial No. Assembly Size:

Assembly: RPZ WATTS 009M2QT 69915 1"

Test Kit Used: MIDWEST Meter Number: 845 Calibration Date: 7.17.18

Location on Site: MOTOR POOL

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		6.8	
Initial Test Date: 02.26.17 Time: 12:30 PM	<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 2.4 PSID <input type="checkbox"/> Did not open
MAINTENANCE OF ASSEMBLY	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired

DESCRIBE REPAIR:

EXISTING ASSEMBLY REPLACED:

Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No:	Assembly Size:
Test After Repairs Date:	<input type="checkbox"/> Closed Tight PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at	PSID

COMMENTS:

Brandon C. Nicklas BLCM
 Print Name: Brandon C. Nicklas
 Signature: *Free Fighter Sales Service 724-720-6000*
 Company/Phone: Certification No.: WWRP 3/184

Initial Test by: Brandon C. Nicklas
 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: WV 043 Date of Visit: 02.26.19

Contractor Personnel on Site:

1. BILL LOGUE
2. BRANDON HICKLASS
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 # 7249, ASSET 7207, BACKFLOW TEST
NOT ON ASSET SHE
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 Lucas Date: 02.26.19

Signed: Longfayne

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: Sacco, Steven S. / SSG Date: 20190224

Signed: Steve S. Sauer

E-Mail: info@mathworks.de

A hand-drawn diagram of a heart shape in blue ink. A vertical line is drawn through the center of the heart, representing the septum.

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WV043-02

Asset # 7202-Backflow-