

#11

ASSET 7201

User:

WY 043-01 BG J SUMMER JONES USARC

Service Address: 25 Armory Drive, WHEELING WV 26003

Owner:

Mailing

Address:

Type of Assembly: Assembly Make: Model: Serial No. Size:
RP2 WATTS LF009M3QT 009M2 100545 1/2

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

Location on

Site: BOILER Room - BOILER FEED

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
73 PSI		7.4	
Initial Test Date: 02.26.19 Time: 1:30 PM	<input checked="" type="checkbox"/> Closed Tight 9.4 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	<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: _____

Beardow C. Nicklas BL CN
 Print Name Signature Company/Phone Certification No.
 724-720-6000

Initial
 Test by: Beardow C. Nicklas
 724-720-6000
 Certification No.
 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: WV 043 Date of Visit: 02. 26. 19

Contractor Personnel on Site:

1. BILL LOGUE
2. BRANDON HICKLAS
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 7248, ASSET 7201, 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 Lucas Date: 02.26.19

Signed: Leon Jorgens

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: 20190226

Signed: Steve S. Sauer

E-Mail:

111

WV043-01

Asset # 7201-Backflow-

