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

FACID/Building: WV046 Date of Visit: 11APR19

Contractor Personnel on Site:

1. GEORGE E. GRANT 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. ~~CSS#~~ PERFORM BFP TESTING & CERTIFICATION
2. CSS# ON (1) BFP TRAINING BLDG, (1) IN OMS BLDG
3. CSS# _____

_Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 11APR19

Signed: Geo. E. G —

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Mary Ann Patterson Date: 11 April 2019

Signed: _____

E-Mail: mary.a.patterson1.mil@mail.mil

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USACE WG256-C2 Address: 4645 CAMDEN AVE FT BRAGG NC
Contact Person: MARY ANN PATTERSON Phone No. 910-598-6541

Assembly Information

Make: WATTS
Model: 909
Size: 6"
Serial Number: 443761

Installation Information

Containment / Isolation
Meter Pit / Basement
Penthouse / Boiler Room
Mechanical Room / Protection Provided
Floor Number: 1
Room Number: MECH

Double Check Assembly

Initial Test Date 11APR19	Outlet Valve		Pass / Fail
	1st Check Valve	___psid	Pass / Fail
	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	5.4 psid	Pass / Fail
Relief Valve Opening Point	4.2 psid	Pass / Fail
2nd Check Valve		Pass / Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass / Fail
Check Valve	___ psig	Pass / Fail

Repairs & Materials Used	

Double Check Assembly

Re-Test After Repairs Date ____	Outlet Valve		Pass / Fail
	1st Check Valve	___psid	Pass / Fail
	2nd Check Valve	___psid	Pass / Fail

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass / Fail
Relief Valve Opening Point	____ psid	Pass / Fail
2nd Check Valve		Pass / Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass / Fail
Check Valve	___ psig	Pass / Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) GEORGE E. GRANT Signature G. E. G.
Phone 304-665-8070 Company Name I. S. G. WV Cert. No. 3289 Date 11APR19

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) Mary Ann Patterson Signature Phone No. 910-598-6541
Title: 779 Recr Det Commander Date: 11 April 2019

Return White Copy With $_____ fee to:

Phone
Fax: