



City of Charlottesville

305 4th Street, N.W., Charlottesville, VA 22903

Ph# 434-970-3800 Fx# 434-970-3817

Test and Maintenance Report

Cross Connection and Backflow Prevention Assembly

Name of Owner USARC VA006
Mailing Address 1634 Cherry Ave. Charlottesville, VA. 22903
Name of Premises USARC VA006
Street Address Same as above
Location of Assembly Mechanical Room Install Date 03/10/2022
Type of Assembly RPZ Manufacturer Watts Size 3/4"
Model Number LF909QT Serial Number 060279
Tested by (Firm Name) Moore's Electrical & Mechanical Licensed Tester's Number 2717057690
Business Address P.O. Box 119 Altavista, VA. Telephone 434-369-4374
Date of Test 03/10/2022 Fault Rebuilt, tested and passed certification
Reason for Failure (if apparent) _____
Maintenance _____

Date of Request 03/10/2022

I certify that I have tested the above assembly and that it meets the performance requirements of the City of Charlottesville.

Mark Younger
(Signature of Licensed Tester)

Line pressure at time of test 55 psi.

Drop across Check Valve 1 2.2 psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked _____ RP _____ psid 2. Closed Tight _____	Leaked _____ 2. Closed Tight _____	Opened at _____ psid reduced pressure 2. Did Not Open _____
R E P A I R S	<u>✓</u> Cleaned: <u>✓</u> Replaced: ____ Disc ____ Spring ____ Guide ____ Pin Retainer ____ Hinge Pin ____ Seat ____ Diaphragm <u>✓</u> Other _____ ____ Check Assembly ____	<u>✓</u> Cleaned: <u>✓</u> Replaced: ____ Disc ____ Spring ____ Guide ____ Pin Retainer ____ Hinge Pin ____ Seat ____ Diaphragm <u>✓</u> Other _____ ____ Check Assembly ____	<u>✓</u> Cleaned: <u>✓</u> Replaced: ____ Disc, upper ____ Disc, lower ____ Spring ____ Diaphragm, large ____ upper ____ lower ____ Diaphragm, small ____ upper ____ lower ____ Spacer, lower <u>✓</u> Other, describe _____ ____ Relief Valve Assembly ____
Final Test	RP <u>6.6</u> psid Closed Tight <u>Yes</u>	Closed Tight <u>Yes</u>	Opened at <u>4.4</u> psid reduced pressure

Remarks: