



# City of Charlottesville

305 4<sup>th</sup> 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 VA006Mailing Address 1634 CHERRY AVENUE CHARLOTTESVILLE VA. 22903Name of Premises USARC VA 006Street Address SAME AS ABOVELocation of Assembly MECHANICAL ROOMInstall Date 3/3/21Type of Assembly RPZManufacturer WattsSize 3/4 INCHModel Number LF 909Serial Number 060279 REPLACING 530013Tested by (Firm Name) MOORES ELECTRICLicensed Tester's Number 2717058603Business Address 101 EDGEWOOD AVE. ALTAVISTA VA. 24517Telephone 434-369-4374Date of Test 3/3/21

Fault \_\_\_\_\_

Reason for Failure (if apparent) \_\_\_\_\_

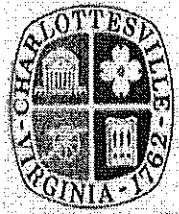
I certify that I have tested the above assembly and that it meets the performance requirements of the City of  
Charlottesville.

Signature of Licensed Tester

Date 3/3/21Printed Name of Licensed Tester CORY SANDLINTest Kit Serial No. 954528Line pressure at time of test 60 PSI psi.Drop across Check Valve 1 3.0 psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked _____ RP <u>8.0</u> psid 2. Closed Tight <u>YES</u>	Leaked _____ 2. Closed Tight <u>YES</u>	Opened at <u>5.0</u> psid reduced pressure 2. Did Not Open _____
REPAIRS	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, describe _____ _____ _____
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at _____ psid reduced pressure

Remarks:



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Name of Owner USARC VA006Mailing Address 1634 CHERRY AVENUE CHARLOTTESVILLE VA. 22903Name of Premises USARC VA006Street Address SAME AS ABOVELocation of Assembly MECHANICAL ROOM Install Date N/AType of Assembly RPZ Manufacturer WATTS Size 3/4 INCHModel Number 909 Serial Number 530013Tested by (Firm Name) MOORES ELECTRIC Licensed Tester's Number 2717058603Business Address 101 EDGEWOOD AVE. ALTAVISTA VA. 24517 Telephone 434-369-4374Date of Test 2/22/21 Fault Reason for Failure (if apparent) NUMBER CHECK FAILED

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

Signature of Licensed Tester Cory Sandlin Date 2/22/21

Printed Name of Licensed Tester CORY SANDLIN Test Kit Serial No. 954528

Line pressure at time of test 60 PSI psi. Drop across Check Valve 1  psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked <u></u> RP <u>4.0</u> psid 2. Closed Tight <u>x</u>	Leaked <u></u> 2. Closed Tight <u></u>	Opened at <u></u> psid reduced pressure 2. Did Not Open <u></u>
REPAIRS	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, describe _____ _____ _____
Final Test	RP <u></u> psid Closed Tight <u></u>	Closed Tight <u></u>	Opened at <u></u> psid reduced pressure

Remarks: