

# 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 VA006

Mailing Address 1634 CHERRY AVENUE CHARLOTTESVILLE VA. 22903

Name of Premises USARC VA 006

Street Address SAME AS ABOVE

Location of Assembly MECHANICAL ROOM Install Date 3/3/21

Type of Assembly RPZ Manufacturer Watts Size 3/4 INCH

Model Number LF 909 Serial Number 060279 REPLACING 530013

Tested by (Firm Name) MOORES ELECTRIC Licensed Tester's Number 2717058603

Business Address 101 EDGEWOOD AVE. ALTAVISTA VA. 24517 Telephone 434-369-4374

Date 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.

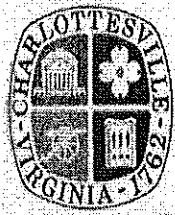
Signature of Licensed Tester Cory Sandlin Date 3/3/21

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

Line pressure at time of test 60 PSI psid. Drop across Check Valve 1 3.0 psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked <u>RP 8.0</u> <u>psid</u> 2. Closed Tight <u>YES</u>	Leaked _____ 2. Closed Tight <u>YES</u>	Opened at <u>5.0</u> <u>psid</u> reduced pressure 2. Did Not Open _____
R E P A I R S	_____ 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> <u>psid</u> Closed Tight _____	Closed Tight _____	Opened at <u>      </u> <u>psid</u> reduced pressure

Remarks:



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Name of Owner USARC VA006

Mailing Address 1634 CHERRY AVENUE CHARLOTTESVILLE VA. 22903

Name of Premises USARC VA006

Street Address SAME AS ABOVE

Location of Assembly MECHANICAL ROOM Install Date N/A

Type of Assembly RPZ Manufacturer WATTS Size 3/4 INCH

Model Number 909 Serial Number 530013

Tested by (Firm Name) MOORES ELECTRIC Licensed Tester's Number 2717058603

Business Address 101 EDGEWOOD AVE. ALTA VISTA VA. 24517 Telephone 434-369-4374

Date 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 psid. Drop across Check Valve 1  psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked <u>RP 4.0</u> psid 2. Closed Tight <u>x</u>	Leaked _____ 2. Closed Tight _____	Opened at _____ psid reduced pressure 2. Did Not Open _____
R E P A I R S	_____ 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: